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BRAC James P. Grant School of Public Health, BRAC University

TDR Postgraduate Training Scheme on Implementation Research

**TDR Scholarship Application Form**

**FOR MASTER OF PUBLIC HEALTH PROGRAMME**

|  |  |
| --- | --- |
| **Application ID** |  |

***1. Personal Information***

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| **Full Name:**  (similar to passport/ID) |  | | | |
| **Date of Birth:** |  | | | **(dd/mm/yyyy)** |
| **Citizenship:** |  | | | |
| **Place of Birth:** |  | | | |
| **Gender:** | Man | Woman  Prefer not to say | | |
| **Mailing Address:** |  | | | |
|  |  | | | |
|  |  | | | |
|  | **City:** | | **District/ State:** | |
|  | **Country:** | | **Zip Code:** | |
|  | **Home Phone:** | | **Mobile Phone:** | |
|  | **Email:** | | | |

|  |  |  |
| --- | --- | --- |
| **Institution:** |  | |
| **Work Address:** |  | |
|  |  | |
|  |  | |
|  | **City:** | **District/ State:** |
|  | **Country:** | **Zip Code:** |
|  | **Office Phone:** | **Fax:** |
|  | **Email:** | |

***2. Education History***

***2.a School Studies***

|  |  |  |  |
| --- | --- | --- | --- |
| **Name of Final Qualification** | **Passing Year** | **Institution** | **Grade / GPA**  (Without 4th Subject) |
|  |  |  |  |
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***2.b Tertiary Studies***

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| **Full Title of Qualification** | **Passing Year** | **Institution** | **Concentration/**  **Major** | **Marks / CGPA** |
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***3.*** ***Professional History***

Start with the most current one.

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| **SL** | **Dates (To–From)**  (Including Months) | **Designation** | **Organization** | **Location** |
| 1 |  |  |  |  |
| Responsibility |  | | |
|  | | |
|  | | |
| Neglected Tropical Diseases (NTD)/ Infectious Disease |  | | |
| Public Health Experience | Teaching  Research  Disease Control Programme Clinical | | |
| 2 |  |  |  |  |
| Responsibility |  | | |
|  | | |
|  | | |
| NTD/ Infectious Disease |  | | |
| Public Health Experience | Teaching  Research  Disease Control Programme  Clinical | | |
| 3 |  |  |  |  |
| Responsibility |  | | |
|  | | |
|  | | |
| NTD/ Infectious Disease |  | | |
| Public Health Experience | Teaching  Research  Disease Control Programme  Clinical | | |

***4. Social & Community Involvement***

List professional, societal, or other organizations in which you now hold membership or in which you have been active in the past.

|  |  |  |  |
| --- | --- | --- | --- |
| **Date** (dd/mm/yy) | **Position** | **Institution/Organization** | **Location** |
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5. Write a brief summary of your major work in Neglected Tropical Disease/Infectious Disease areas in 250 words:

6. Write a brief statement of purpose on the reason for pursuing a career in Neglected Tropical Disease/ Infectious Disease in 500 words:

***7. Identification of References***

List the two persons from whom we will request a letter of reference. These persons should know your work and your professional capabilities. We will directly contact these persons and ask them to submit a letter of recommendations. The letter of recommendation should be emailed to [fauzul.kabir@bracu.ac.bd](mailto:fauzul.kabir@bracu.ac.bd); [koushik@bracu.ac.bd](mailto:koushik@bracu.ac.bd) no later than October 31, 2020.

|  |  |  |  |
| --- | --- | --- | --- |
| **Name** | **Title/Position** | **Institution** | **E-mail/Phone** |
|  |  |  |  |
|  |  |  |  |

***8. About Us***

How do you learn about our scholarship scheme (x)

|  |  |  |  |
| --- | --- | --- | --- |
| Embassy | University | Workplace | Friend/colleague |
| Website | Seminar | Alumni | Other: |

***9. Emergency Contact***

Provide information about a person in your home country to be notified in case of emergency.

|  |  |  |
| --- | --- | --- |
| **Name:** |  | |
| **Relationship** |  | |
| **Address:** |  | |
|  |  | |
|  |  | |
|  | **City:** | **District/ State:** |
|  | **Country:** | **Zip Code:** |
|  | **Office Phone:** | **Fax:** |
|  | **Email:** | |

**DECLARATION**

* I hereby certify that the information I have provided on this application form and in any attached materials is accurate, complete and true to the best of my knowledge and belief. I agree to notify BRAC JPGSPH, BRAC University of any change in the above information or of any further information that might affect my eligibility for consideration as a prospective recipient of the TDR Scholarship award.
* I understand that by completing this application form, there is no assurance that I will be awarded a grant.
* I understand that the scholarship offered is for the Master of Public Health at BRAC JPGSPH, BRAC University.
* I understand I will meet all the course requirements of BRAC JPGSPH, BRAC University based on the approved length of the grant awarded.
* I understand I am not permitted to engage in employment beyond the visa restriction
* I understand that I will return home upon the completion of my study
* I understand that I will not be eligible to continue my TDR selection process while I am undergoing another scholarship selection process or another scholarship program.
* I have no objection to publicity about my selection for a TDR Scholarship.

|  |  |  |  |
| --- | --- | --- | --- |
| **Signature:** |  | **Date:** |  |

BRAC James P Grant School, BRAC University runs an open, merit-based competition for TDR grants. Applications are reviewed by BRAC JPGSPH, BRAC University selection team. Those applicants who meet the minimum standards of the program are then interviewed by phone or skype by a selection committee. The recommendations are then sent to TDR for final approval.

|  |
| --- |
| Email This Completed Scholarship Application To: |
| **BRAC James P Grant School of Public Health, BRAC University**  **5th Floor, (Level-6), icddr,b Building,**  **68 Shahid Tajuddin Ahmed Sharani, Mohakhali, Dhaka-1212, Bangladesh**  **Email:** [fauzul.kabir@bracu.ac.bd](mailto:fauzul.kabir@bracu.ac.bd); [koushik@bracu.ac.bd](mailto:koushik@bracu.ac.bd) |