

BỘ Y TẾ

CỘNG HÒA XÃ HỘI CHỦ NGHĨA VIỆT NAM

Độc lập – Tự do – Hạnh phúc

Số: 6101 /BYT-QT
Vv thông báo các chương trình học
bổng thạc sĩ/tiến sĩ 2019/2020 của
SEAMEO-TROMED

Hà Nội, ngày 15 tháng 10 năm 2018

TRƯỜNG ĐẠI HỌC Y DƯỢC HÀ NỘI

Đ Số: 1180 Kính gửi:

Ế Ngày: 15/10/2018

N Chuyên: P.TCB + báo

- Các Vụ/Cục/Tổng Cục/Văn phòng/Thanh tra Bộ
- Các Đơn vị trực thuộc Bộ

Tổ chức Giáo dục của các Bộ trưởng Đông Nam Á (SEAMEO) và Mạng lưới Y học Nhiệt đới và Y tế Cộng cộng Khu vực Đông Nam Á (TROPMED) có thư thông báo và mời Việt Nam cử các ứng viên tham gia **Chương trình học bổng thạc sĩ, tiến sĩ niên khóa 2019-2020**, bắt đầu học từ tháng 8/2019, gồm:

SEAMEO TROPMED Thái Lan (học tại Đại học Mahidol, Thái Lan):

1. Thạc sĩ nghiên cứu về y học nhiệt đới (2 năm)
2. Tiến sĩ về y học nhiệt đới (3 năm)
3. Tiến sĩ về y học nhiệt đới lâm sàng (3 năm)

SEAMEO TROPMED Philippines (học tại Đại học Manila, Philippines)

1. Thạc sĩ nghiên cứu về dịch tễ (2 năm)
2. Thạc sĩ nghiên cứu về y tế công cộng (2 năm)
3. Tiến sĩ về y tế công cộng (3 năm)

Thời hạn nộp hồ sơ: **31/10/2018**

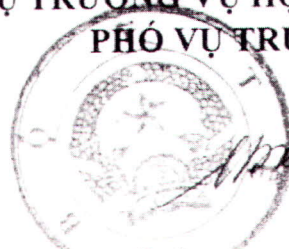
Vụ Hợp tác Quốc tế xin trân trọng thông báo để các quý Cơ quan biết và xem xét cử các ứng viên đăng ký tham gia các khóa đào tạo nếu có nhu cầu.

Thông tin chi tiết về các khóa học, tiêu chuẩn ứng viên và mẫu hồ sơ đăng ký được gửi kèm theo.

Nơi nhận:

- Như trên;
- VT HTQT (để báo cáo);
- Lưu: VT, QT

TL. BỘ TRƯỞNG
KT. VỤ TRƯỞNG VỤ HỢP TÁC QUỐC TẾ
PHÓ VỤ TRƯỞNG



Nguyễn Thị Minh Châu





**SOUTHEAST ASIAN MINISTERS OF EDUCATION ORGANIZATION (SEAMEO)
REGIONAL TROPICAL MEDICINE AND PUBLIC HEALTH NETWORK (TROPMED)**

TROPMED CENTRAL OFFICE

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E-mail: secretariat@seameotropmednetwork.org

Website: www.seameotropmednetwork.org

No. TROPMED/ 172 /2018

9 October 2018

Dr. Tran Thi Giang Huong

Governing Board Member for Vietnam

Director General

Department of International Cooperation

Ministry of Health

138 A Giang Vo Street

Hanoi, Vietnam

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Dear Dr. Tran Thi Giang Huong,

**Invitation to Nominate Candidates for DAAD Scholarships to
Complete M. Sc./Ph.D. Programme at TROPMED Centres AY 2019/2020**

We are writing to inform you that DAAD, our funding agency in Germany, is providing scholarships In-Region and In-Country to nominated candidates from selected SEAMEO member countries.

The TROPMED Centre programmes for academic year 2019/2020 are as follow:

SEAMEO TROPMED/Thailand, Faculty of Tropical Medicine, Mahidol University, Bangkok, Thailand:
(Start August 2019)

1. Master of Science in Tropical Medicine (M.Sc. Trop.Med.) (2 years)
2. Doctor of Philosophy in Tropical Medicine (Ph.D. Trop. Med) (3 Years)
3. Doctor of Philosophy in Clinical Tropical Medicine (Ph.D. ClinTropMed) (3 Years)

SEAMEO TROPMED/Philippine, University of the Philippines Manila, Philippines:
(Start August 2019)

1. Master of Science in Epidemiology (Public Health) (2 years)
2. Master of Science in Public Health (Biostatistics) (2 years)
3. Doctor of Public Health (Epidemiology) (3 years)

The criteria for the eligible candidates laid down by DAAD are as follows:

- Nominated candidates who have completed B.Sc./M.Sc. in related field of each programme to study in M.Sc./Ph.D. respectively
- Nominated candidates must have outstanding academic records
- Nominated candidates must be accepted by the Institution
- Nominated candidates must not be over 35 years of age
- Nominated candidates must present **original copy of TOEFL score with at least 550 or IELTS with at least score 6.0.**

If you are interested to nominate candidates for DAAD scholarships for the Academic Year 2019/2020, please send the nominations to us together with the following items:

- Completed SEAMEO application forms as attached;
- Copies of detailed information on the education background, transcript of academic records, Curriculum Vitae;
- Motivation letter why he/she wants to attend respective programme written by candidate and
- **Original TOEFL/IELTS score report.**
- Thesis proposal for Ph.D. candidates including time schedule for Ph.D. candidates.

The applications will be sent to the institutions for consideration whether candidates are acceptable to study the programme. All applications will be considered and approved by DAAD. Please note that DAAD will not consider applications without the TOEFL/IELTS score test. **The deadline for the applications should be submitted to SEAMEO TROPMED Network Office not later than 31 October 2018.**

SEAMEO TROPMED Network will screen/pre-select candidates and short-list applicants to DAAD for their final selection. All selected candidates must submit their applications on-line to DAAD via the DAAD-Portal. The procedure will be sent to the selected candidates accordingly.

We look forward to receiving the nomination from you soon.

Yours sincerely,

P. Singhasivanon



Assoc. Prof. Dr. Pratap Singhasivanon
Secretary General/Coordinator

**SEAMEO Regional Tropical Medicine & Public Health Network
(SEAMEO TROPMED)**

PERSONAL DATA/APPLICATION FORM

(Please TYPE or PRINT in Duplicate)

Course Title: _____

Inclusive Dates: _____

Venue/Place: _____

Sponsor: ☐ SEAMEO TROPMED Network ☐ WHO ☐ Self-Supporting
 ☐ Other (Specify) _____

Affix
Photo Here

B I O D A T A

Name of Applicant: <div style="text-align: center;">(Underline Family Name)</div>		Sex: <input type="checkbox"/> Male <div style="text-align: center;"><input type="checkbox"/> Female</div>
Marital Status: <input type="checkbox"/> Single <input type="checkbox"/> Married <input type="checkbox"/> Others	Nationality:	Religion:
Date of birth (Month/Day/Year):	Age:	Place of birth (City & Country):
ID/Passport No:	Issued at:	Date:
Home Address:		Telephone: Fax: E-mail:
Name & Address/Tel/Fax/E-mail of Person to be contacted in an emergency):		
Office Name & Address:		Telephone: Fax: E-mail:
Present Position/Occupation: Sector: <input type="checkbox"/> Govt. <input type="checkbox"/> Private <input type="checkbox"/> NGO <input type="checkbox"/> Self-Employed		
Level of Responsibility: <input type="checkbox"/> Managerial <input type="checkbox"/> Supervisory <input type="checkbox"/> Support Staff		
Brief Description of Duties & Responsibilities: 		
Percent (%) Devoted to: <input type="checkbox"/> Teaching <input type="checkbox"/> Research <input type="checkbox"/> Services <div style="text-align: center;"><input type="checkbox"/> Others (Specify)</div>		
Educational Attainment: Certificate/Degree(s) obtained, Date obtained: College/University: Post Graduate:		

Awards, Other Fellowships Obtained Venue, Inclusive Dates:			
Employment History (in chronological order from the most recent): Position, Institution/Employer, Inclusive Dates: (Use additional sheets if necessary)			
Research Activities in the last 5 years (Title; Objectives; Funding; Brief Statement of Progress of Results):			
Publications in the last 5 years (Books; Technical Papers; Popular Articles; Use additional sheets if necessary):			
Membership in Honorary and Scientific Societies:			
Language Proficiency (Please indicate if "Excellent", "Good", or "Fair"):			
	Writing/Reading	Speaking	Both
English			
Others (Specify)			
State briefly reasons for taking the course:			
Expected Employment/Position upon completion of the course:			

I, hereby, declare under penalties of perjury that the answers given above are true and correct to the best of my knowledge and belief.

(Date)

(Signature)

N.B. Please submit this to course organizer or TROPMED Central Office

- IMPORTANT:**
1. Submit one copy each of completed form to:
 - 1.1. Secretary-General/Coordinator
SEAMEO TROPMED Network Office
420/6 Ratchawithi Road, Bangkok 10400 THAILAND
(Via Fax No. (66-2) 354-9144 or
Via E-mail: secretariat@seameotropmednetwork.org or
dang_il@hotmail.com
 - 1.2. TROPMED Center where the course is to be taken.
 2. The application form must be accompanied by:
 - 2.1. A Certificate of Health and
 - 2.2. Certificate of English Language Proficiency, by duly designated authorities
 - 2.3. Transcript of Academic Records and other requirements

(FOR OFFICIAL USE ONLY)

Action taken: ☐ Approved ☐ Disapproved ☐ Pending

REMARKS: _____

By: _____

Reference No: _____

Date: _____

CERTIFICATE OF HEALTH

Part I (Fill by the Applicant)

1. Name (Please Print):

2. Age:

Date of Birth:

3. Address:

4. I.D. /Passport Number:

Issued at:

Date:

5. Medical History:

Do you have any physical impairment?

(if yes, please give details):

Have you ever been treated for mental illness?

(if yes, please give details):

In the past two years, have you ever been sick or received medical treatment or physical check-up for blood chemistry, blood pressure, urine analysis, x-ray, heart or others?

If yes, please give details (name of hospital or clinic, attending physician, disease, diagnosis, result and date)

6. I hereby declare that the above statements are true to my knowledge. If there is any false statement or any truth being withheld. I agree to be responsible to all expenses which will derive from the care of those conditions. I agree to the decision of the Faculty Board Committee to withdraw my student status if it is indicated.

Signed at:

Date:

Applicant's Signature

Part II (Fill by a Physician)

1. Name of Candidate:

Age:

Sex:

Office Address:

Residence Address:

2. Physical Examination:

a. Height:

Weight:

b. Skin:

c. Respiratory System:

d. Circulatory System:

Blood pressure: Systolic/Diastolic:

Heart:

e. Gastrointestinal System:

Abdomen:

Liver:

Spleen:

f. Central Nervous System:

g. Other systems

3. Laboratory Tests:

Urine examination: Specific gravity:

Albumin:

Sugar:

Microscopic:

4. Report on X-ray examination of the chest:

5. Does the examination reveal any physical or mental abnormalities which may interfere with his/her study?

No []

Yes [] Describe:

Physician's Signature:

Date:

Physician's name (type or print):

Official Address:

- Note: 1. The Physician has to be a clinician in a government hospital
2. Please attach this Certificate of Health to the application form
3. The Certificate should have the seal of the same government hospital