SEAMEO Secretariat Mom Luang Pin Malakul Centenary Building 920 Sukhumvit Road Bangkok 10110, Thailand

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APPLICATION FORM



SEAMES/AF/PS (revised 28/1/05)

Photograph is necessary

Application for (indicate post) Name: Dr, Mr, Mrs, Miss					
	First Name) (Midd				
Name in Thai	, ,	, ,	IIIIy INAIIIE	-)	
Home Address					
email				Mobile	
Office Address					
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Mailing Address ☐ Home ☐ Of	ilice 🔲 Other (S	pecily)			
Date of Birth//	Age	Weight	k.g.	Height	c.m.
(date/month/year)		-	-	-	
Place of Birth					
(city)		(country		
		,	country)		
Nationality		,			
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Nationality Marital Status	Relation IV.	parated] Divorced	Occupa	

11. Language Proficiency:

Language	Reading		Writing			Speaking			
Language	good	fair	poor	good	fair	poor	good	fair	poor

Education and Training or Academic Background:
 List in chronological order.
 Begin with school or other formal education or training from age of 14 (e.g. high school, technical school or apprenticeship.)

Institution/School	City and		Attended onth/year)	Certificate,	Field, Major
	Country	From	То	Diploma, Degree	., .,

13. Employment Experience: starting with your most recent post, list in reverse order every

employment/position you have had (use additional sheets if necessary).

13.1 Name and address of employer _____ Tel. ____ Exact title of your post _____ Date from _____ to ____ Annual salary _____ Bonus Other incomes Name and post of immediate supervisor _____ Number and type of employees supervised by you Reason for leaving _____ Description of your duties _____ 13.2 Name and address of employer _____ _____ Tel. _____ Exact title of your post Date from _____ to ____ Annual salary _____ Bonus _____ Other incomes _____ Name and post of immediate supervisor _____ Number and type of employees supervised by you _____ Reason for leaving Description of your duties

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Exact title of your post	
Date from	to
Annual salary	Bonus
Other incomes	
Name and post of immediate supervisor	
Number and type of employees supervised by you _	
Reason for leaving	
Description of your duties	
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Exact title of your post	Tel
Exact title of your post Date from	Tel
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Exact title of your post Date from Annual salary Other incomes Name and post of immediate supervisor	toBonus
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Name and address of employer Exact title of your post Date from Annual salary Other incomes Name and post of immediate supervisor Number and type of employees supervised by you Reason for leaving Description of your duties	toBonus
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Name and Position (if any) Full Address and Telephone No. Business or Occupation Please indicate from where you heard of this post vacancy. Newspaper, please indicate A friend/relative Others, please specify	If so, please indicate the nam		ure and the foundation/government
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I solemnly declare that the above information is true and correct.			
Date Signature	i soloning declare that the at		