**(Appendix 3. Application Form)**

|  |  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| **Application Form for Scientist Invitation Program to Korea 2025** | | | | | | | | | |
| *(Paste photo here)* | **1. APPLICANT** | | | | | | | | |
| FAMILY NAME (SURNAME): | | | | |  | |  | |
| MIDDLE NAME: | | | | |  | |  | |
| FIRST NAME(S): | | | | |  | |  | |
| NATIONALITY: | | | | |  | |  | |
| DATE OF BIRTH: | | | | |  | |  | |
| CURRENT ORGANIZATION POSITION  *\* Organization (Institution/Company/Corporation/*  *NGO/Government Organization etc.), Position (title)* | | |  | | | | |  | |
|  | | | | |  | |
| CONTACT DETAILS | E-MAIL: |  | | | | | |  | |
| MOBILE: |  | | | | | |  | |
| EMERGENCY CONTACT INFO | NAME: | | |  | | | |  | |
| REALATIONSHIP: | | |  | | | |
| E-MAIL: | | |  | | | |
| MOBILE: | | |  | | | |
| **2. TRAINING ACTIVITY** *\* mark the program for which you are applying* | | | | | | | | | |
| Under 90 days Training Program | | | | | 10 days Capacity Building Program | | | | |
| **3. EDUCATION** | | | | | | | | | |
| UNIVERSITY / INSTITUTE | UNIVERSITY / INSTITUTE NAME:  (Economy) | | | | | |  | |  |
| FIELD OF STUDY AND DEGREE: | | | | | | ( ) | |  |
| Master's degree  Ph.D. | |  |
| DATE OF GRADUATION: | | | | | | YYYY-MM-DD  *\* Date indicated in your graduation certificate* | |  |
| DEGREE AWARDED DATE: | | | | | | YYYY-MM-DD  *\* Date indicated in your diploma* | |  |
| **4. PUBLICATIONS, RESEARCH AND PROFESSIONAL ACTIVITIES** | | | | | | | | | |
| PUBLICATIONS  *List your significant publications*  *(title, publisher & date)* | |  | | | | | | | |
| RESEARCH  *research projects* | |  | | | | | | | |
| PROFESSIONAL ACTIVITIES | | Organization:  Position (title):  Start and end dates:  Overview of experience gained: | | | | | | | |
| I certify that all information submitted is true, complete and correct. I understand that any information provided by me in my application, any assessment documents that is found to be false or misrepresented in any respect, may eliminate me from further consideration for selection.  *\* please check the box if you agree.* | | | | | | | | | |
| **Name:** | | | | | | | **Date:** | | |