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Passport Size
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BRUNEI DARUSSALAM GOVERNMENT SCHOLARSHIPS FOR FOREIGN STUDENTS TENABLE IN BRUNEI DARUSSALAM

SESSION

APPLICATION FORM

	CODE	PROGRAMME NAME
FIRST CHOICE	<input type="text"/>	<input type="text"/>
SECOND CHOICE	<input type="text"/>	<input type="text"/>

INSTRUCTIONS TO APPLICANTS

1. Each Candidate must complete 4 (FOUR) copies of this form to be typed or written legibly in blue or black ink.
2. The following documents should be submitted with the form:
 - i. Four recent passport size photographs.
 - ii. Four certified copies of academic qualification.
 - iii. Four copies of Applicants Statement of Purpose (Item 6).
 - iv. Four certified copies of Birth Certificate.
 - v. Four copies of Security Vetting.
 - vi. Certified English Translations of supporting documents (i.e. certificates, testimonials, transcripts) must be submitted for documents that are not in English.

1. PERSONAL DETAILS

Last Name	First Name	Mr. /Ms.	Citizenship
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>

Date of Birth	Country of Birth	Gender
<input type="text"/>	<input type="text"/>	<input type="text"/>

CURRENT ADDRESS *(Correspondence)*

Number and Street

City

Country

Postal Code

<input type="text"/>	<input type="text"/>
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Telephone

Fax

Email

<input type="text"/>	<input type="text"/>	<input type="text"/>
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PERMANENT ADDRESS *(if applicable)*

Number and Street

City

Country

Postal Code

<input type="text"/>	<input type="text"/>
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Telephone

Fax

<input type="text"/>	<input type="text"/>
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NAME OF CONTACT *(Next of Kin)*

City

Country

Postal Code

<input type="text"/>	<input type="text"/>
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Telephone

Fax

Email

<input type="text"/>	<input type="text"/>	<input type="text"/>
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RELATIONSHIP

2. ACADEMIC EXPERIENCE *(Details of Schools Attended and Academic Qualifications)*

A. Please state all schools attended from age of 15

Name of School/ Institute	From	To	Qualifications Obtained

B. General Certificate of Education (Ordinary Level or Equivalent)

(Please state subjects that you have passed only)

Year	Subjects	Grade	Medium	Examination Body

C. General Certificate of Education (Advanced Level or Equivalent)

(Please state subjects that you have passed only)

Year	Subjects	Grade	Medium	Examination Body

D. Other Qualifications (Certificate/ National Certificate/ National Diploma/ Higher National Diploma/ First Degree)

Qualifications	Name of Institute & Country	Duration	Date Passed	Classification/ Grade	Medium of Instruction

E. Intended Qualification

Name of Programme/ Course	Subjects	Date of Results Expected

3. LANGUAGE PROFICIENCY

Language	Written			Reading			Spoken		
English	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3
Others, Please State:	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3
i.	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3
ii.	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3

1: Good

2: Average

3: Poor

4. ACADEMIC DISTINCTIONS OR PRIZES RECEIVED

5. PROPOSED FUTURE CAREER

6. APPLICANT STATEMENT OF PURPOSE

In an essay of up to 200 words, describe your plan of study and/ or research you propose to pursue and relate this to your future career plan. *(You may include additional relevant material for which there was insufficient space on this form).*

Please tick if additional material enclosed

7. EMPLOYMENT EXPERIENCE *(Please attach additional information if required)*

Employer's Name and Address	Position Held	Part-Time/ Full-Time	Dates	
			From	To

8. EXTRA CURRICULAR ACTIVITIES AND MEMBERSHIP IN ASSOCIATION

(Please attach additional information if required)

Year	Types of Activities (Sports, Cultural, Community Services etc.)	Level of Participation (e.g. Club, District, National, Regional, International etc.)

9. MEMBERSHIP IN ASSOCIATION/ PROFESSIONAL BODIES

(Please attach additional information if required)

Year	Association/ Professional Bodies	Position Held

THESIS RESEARCH

(Y/N)

If you are working on a known thesis topic, attach a 500 words description

Thesis Description enclosed

10. REFERENCES (*Originals of reference letters are required to be sent by the applicable referee*)

Please give details of two (2) people who can act as referees to support your application. You should contact them yourself and enclose the references (**Form C1**) with the application form to the Scholarship Section, Ministry of Education. Please include their telephone, fax and e-mail addresses so that we can follow up references if necessary. **Applications cannot be considered unless references are received.** Please pass a copy of the Statement by Referee to each referee for him or her to fill in.

Name of Reference	Job Title & Organisation	Telephone & Fax	E-mail

SECTION 11 – 14 TO BE COMPLETED BY CANDIDATES WHO INTENDED TO APPLY FOR HIGHER DEGREE PROGRAMMES ONLY

11. ACADEMIC AWARDS/ SCHOLARSHIP ACHIEVED IF ANY

Academic Awards/ Scholarship	Institution Name	Date Awarded

12. PLEASE LIST DOWN COMPLETED RESEARCH AND PUBLICATIONS IF ANY

Name of Research/ Publications	Date Completed

13. HAVE YOU PREVIOUSLY APPLIED FOR ADMISSION AS A POSTGRADUATE STUDENT OVERSEAS OR LOCALLY?

Y – Yes

N – No

If yes, Please State:

- i. Year applied:
- ii. Name of Programme:
- iii. Were you accepted?
- iv. Name of Institution:

14. RESEARCH PROPOSAL

- i. Proposed field of study:

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- ii. Topic for Research:

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15. DECLARATION

I hereby certify that all the statements made on this application and in the attached documents are true and correct. I have read all the terms and conditions laid down by the Brunei Government Scholarship for Foreign Students (ASEAN, OIC, Commonwealth and others) for which I now apply and I agree to abide by all the conditions of the award. I shall return to my home country as soon as I complete my scheduled programme and will not extend my stay without valid reasons.

Date:

Signature:

BRUNEI DARUSSALAM GOVERNMENT SCHOLARSHIP FOR FOREIGN STUDENTS 'REFERENCE LETTER'

Assessment on the applicant's academic ability.

1. Applicant's Name:
2. In what capacity do you know the applicant?
(E.g. Teacher, Supervisor, Principal etc).....
3. How long have you known the applicant?
4. Please evaluate the applicant's performance by putting an X in the appropriate spaces below. Extra boxes are available for you to add, if you wish, up to three other qualities which you may find relevant to the assessment of the candidate (E.g. All-round ability, ingenuity, accountability, manual dexterity etc.)

Assessment on:	Excellent	Very Good	Good	Average	Below Average
Academic Record					
English Proficiency					
Creative Thinking					
Research Ability					
Industry/ Application					
Judgement					
Independent					
Honesty					
Motivation					
Self Discipline					

5. Is the applicant's proficiency in English Language (oral and written) adequate to meet the standard required? Please comment.

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6. Please give your overall assessment on the applicant's academic ability.

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Referee's Name:

Designation:

Address:

Date:

Signature:

THANK YOU FOR YOUR ASSISTANCE. PLEASE FORWARD THIS REFERENCE LETTER TO:

**Technical Assistance Department
Ministry of Foreign Affairs and Trade
Jalan Subok, Bandar Seri Begawan
BD2710, Brunei Darussalam**

Tel No.: (6732) 381412
E-mail: tad.scholarship@mfa.gov.bn

BRUNEI DARUSSALAM GOVERNMENT SCHOLARSHIP FOR FOREIGN STUDENTS 'REFERENCE LETTER'

Assessment on the applicant's academic ability.

7. Applicant's Name:

8. In what capacity do you know the applicant?
(E.g. Teacher, Supervisor, Principal etc).....

9. How long have you known the applicant?

10. Please evaluate the applicant's performance by putting an X in the appropriate spaces below. Extra boxes are available for you to add, if you wish, up to three other qualities which you may find relevant to the assessment of the candidate (E.g. All-round ability, ingenuity, accountability, manual dexterity etc.)

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**Tel No.: (6732) 381412
E-mail: tad.scholarship@mfa.gov.bn**

NOT TO BE COMPLETED BY THE APPLICANT

FOR OFFICIAL USE ONLY

(The following endorsement must be completed on the top copy of the application by the Nominating Agency)

This candidate is nominated for consideration for an award and the following details are confirmed:

Initials of verifying officer

- 1. The underlining of the candidate's name in question 1 correctly identifies his or her formal family name. _____

- 2. Evidence verified concerning date and place of birth and nationality. _____

- 3. References enclosed from the two (2) persons named in questions 1, 7 and 9. _____

- 4. Candidate's medical certificate attached (if required at this stage) _____

- 5. Copies of the university or college transcript attached to each application form. _____

- 6. The candidate has sufficient language proficiency to enable him/her to profit from his/her proposed course of study if given in:
 - (a) English _____

 - (b) _____

7. The candidate is / is not in Government employment (delete appropriately).
.....
Name in full:
Official Designation or position:
On behalf of (Agency)

Date:
Signature