

APPLICATION FORM FOR PRE-TALENT MOBILITY (PRE-TM) PROGRAM

(Preparation Program to Support Scientific, Technological and Innovative Personnel from University and Government Research Center to Increase their Competency in Private Sector)

Under Company Research and Development Center - Facilitation Center

PART 1: DETAIL OF PROJECT PLAN

1.1	Project Manager				
	(Please attach the brief working	experience wi	th industrial s	sector or resume to su	oport your proposal)
	FIRST NAME (MR./MRS./MISS)			LAST NAME	
	POSITION		IN THE SE	RVICE OF	
	PROFICIENCY				
	HIGHEST EDUCATION ☐ PhD ☐ MA	VMSc □ BA/BS	Sc. (QUALIFICA	TION)	DPT./FACULTY
	UNIVERSITY/INSTITUTION			COUNTRY	·
	DATE OF BIRTH	AGE	YEARS	NATIONALITY	RACE
	MOBILE		EMAIL		
	SIGNED			DATE	
1.2	Project Assistant Manager (Le	cturer / Rese	archer / PhD	or MA/MSc Student	
	FIRST NAME (MR./MRS./MISS)			LAST NAME	
	PROFICIENCY				
	HIGHEST EDUCATION ☐ PhD ☐ MA	VMSc □ BA/BS	Sc. (QUALIFICA	TION)	DPT./FACULTY
	UNIVERSITY/INSTITUTION			COUNTRY	ſ
	DATE OF BIRTH	AGE	YEARS	NATIONALITY	RACE
	MOBILE		EMAIL		
	SIGNED			DATE	
1.3	Main Participating Company				
	NAME OF COMPANY			CAPITAL	
	TYPE OF BUSINESS		N	ATURE OF BUSINESS	







NAME OF PERSON IN CH	ARGE		POSITIO	N
TELEPHONE			FAX	
MOBILE		EMAIL		
ADDRESS NO	BUILDING _		FLOOR	ALLEY
ROAD		SUBDITRICT		_ DISTRICT
PROVINCE			POSTAL CODE	
BRIEF PURPOSE OF PAR	TICIPATION			
			DATE	
SIGNED Other Participating Co			DATE	
Other Participating Co	ompany (If Any	·)		
Other Participating Continue of Company	ompany (If Any	')	CAPITAL NATURE OF BUSIN	JESS
Other Participating Continue of Company	ompany (If Any	')	CAPITAL NATURE OF BUSIN	
Other Participating Continue of Company	ompany (If Any	')	CAPITAL NATURE OF BUSIN	JESS
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Other Participating Contact Participating Contact Participating Contact Participating Contact Participation Partic	TO THE PROJEC	rT EMAIL	CAPITAL NATURE OF BUSIN POSITIO FAX	N
Other Participating Contains of Company TYPE OF BUSINESS TECHNOLOGY RELATED NAME OF PERSON IN CHARLESTEEPHONE MOBILE ADDRESS NO	TO THE PROJECT	eTEMAIL	CAPITAL NATURE OF BUSIN POSITIO FAX FLOOR FLOOR	N







1.5 Detail of Project

(Please attach detail	or project)						
NAME OF PROJECT	(THAI)						
	(ENGLISH)						
EXECUTIVE'S SUMMA							
EXECUTIVE'S SUMMAI							
PERIOD OF OPERATION	DN	MONTHS	FROM			то	
NUMBER OF PARTICIP	ATING LECTURERS	AND EXPE	RTS (EXCLU	DING PROJE	CT MGR.	AND ASST. N	MGR)
NUMBER OF PARTICIP	ATING STUDENTS:		_ BA/BSc.		MA/MSc		PHD
TOTAL BUDGET		BA	.HT				

1.6 Detail of Budget

DESCRTIPTION	DETAIL	TOTAL AMOUNT (BAHT)
1. Remuneration for Manager(s)		
Manager(s)		
Assistant Manager(s)		
2. Remueration for Personnel		
Lecturer		
BA/BSc. Student		
Remuneration not exceeding 8,000 Baht/person/month		
MA/MSc Student		
Remuneration not exceeding 10,000 Baht/person/month		
PhD Student		
Remuneration not exceeding 12,000 Baht/person/month		







DESCRTIPTION	DETAIL	TOTAL AMOUNT (BAHT)
3. Expense Related to Short-Term Project		
Study of Possibility		
Applied Research		
In-depth Research		

Remark

- 1. The budget can be shared across the category provided that the maximum rate of remuneration is not exceeding the limit (guideline on budget can be found in the detail of Pre-TM Program.
- Transportation cost, expense and administrative expense can be allocated from the total budget.
- 3. In case of employment of foreign expert, his/her resume and the reason of employment must be provided.
- 4. Special remuneration will be paid after project submission.
- 5. Exempted budget will be allocated as follows:
 - 1st Installment: 50% within 15 days from the date of approval.
 - 2nd Installment: 50% within 15 days from the date of progress report submission
- 6. The budget spending is subject to the regulation of original service of successful applicant.

Expected Result

		MATCHING/FUL	L SCHOLARSHIP(S)			
		PhD _	MA/M	Sc	 BA/BSc.		
		MATCHING RES	EARCH FUND(S)	SOURCE:			
ON _							
		INDUSTRIAL RE	SEARCH SPONS	ORSHIP			
ON _							
TALE	NT MO	BILITY (TM)					
ON _							

(The document confirming the collaboration of project proposal from participating private sector after the end of project)







PART 2: DETAIL OF PARTICIPATING PERSONNEL (the number can be increased as appropriate)

2.1 Participating Lecturer(s)

1.	FIRST NAME (MR./MRS./MISS)			LAST NAME	
	OFICIENCY				
					ER PRIVATE SECTOR ☐ YES ☐ NO
HIG	SHEST EDUCATION ☐ PhD ☐ MA/I	MSc □ BA/BSc.	(QUALIFICA	TION)	DPT./FACULTY
UNI	IVERSITY/INSTITUTION			COUNT	
DA	TE OF BIRTH	AGE	YEARS	NATIONALITY	RACE
МО	BILE		_ EMAIL		
RES	SPONSIBILITY IN THE PROJECT (F	RESEARCH TO	PIC OR SUBF	PROJECT IN THE RES	EARCH)
SIG	:NED			DATE	
010				DATE	
2	FIRST NAME (MR./MRS./MISS) _			LAST NAME	
	OFICIENCY				
					ER PRIVATE SECTOR ☐ YES ☐ NO
					DPT./FACULTY_
				COUNT	
					RACE
	BILE				
					EARCH)
,			2 2 1 2 2 2 1		
SIG	NED			DATE	







POSITION			IN THE SE	RVICE OF	
PROFICIENCY					
RESEARCH EX	PERIENCE WITH MAIN F	PARTICIPATI	ING COMPAN	Y - YES - NO OTH	ER PRIVATE SECTOR ☐ YES ☐
HIGHEST EDUC	CATION PhD MA/MS	Sc □ BA/BSc	c. (QUALIFICA	TION)	DPT./FACULTY
UNIVERSITY/IN	STITUTION			COUN	TRY
DATE OF BIRTH	H	_ AGE	YEARS	NATIONALITY	RACE
MOBILE			EMAIL		
SIGNED				DATE	
Participating	Student(s)				
		LED AS FOLI	LOWS (THE N	UMBER CAN BE INCF	REASED AS APPROPRIATE.):
BA/B	SC. STUDENT(S) DETAIL				REASED AS APPROPRIATE.):
BA/B	SC. STUDENT(S) DETAIL			LAST NAME	
BA/B 1. FIRST NAM YEAR	SC. STUDENT(S) DETAIL ME (MR./MRS./MISS) DEPARTMENT/FACUL	TY		LAST NAME	
BA/B 1. FIRST NAM YEAR DATE OF BIRTH	SC. STUDENT(S) DETAIL ME (MR./MRS./MISS) DEPARTMENT/FACUL	TY	YEARS	LAST NAME UNIVERSITY/	INSTITUTION
1. FIRST NAM YEAR DATE OF BIRTH MOBILE	SC. STUDENT(S) DETAIL ME (MR./MRS./MISS) DEPARTMENT/FACUL	TY _ AGE	YEARS	LAST NAME UNIVERSITY/ NATIONALITY	INSTITUTIONRACE
BA/B 1. FIRST NAM YEAR DATE OF BIRTH MOBILE	SC. STUDENT(S) DETAIL ME (MR./MRS./MISS) DEPARTMENT/FACUL	TY _ AGE	YEARS	LAST NAME UNIVERSITY/ NATIONALITY	INSTITUTION RACE
BA/B 1. FIRST NAM YEAR DATE OF BIRTH MOBILE RESPONSIBILIT	SC. STUDENT(S) DETAIL ME (MR./MRS./MISS) DEPARTMENT/FACUL H TY IN THE PROJECT (RE	TY AGE SEARCH TO	YEARS EMAIL DPIC OR SUBF	LAST NAME UNIVERSITY/ NATIONALITY PROJECT IN THE RES	INSTITUTION RACE







2. FIRST NAME (MR./MRS./MI	SS)		LAST NAME	
YEAR DEPARTMENT	FACULTY		TITUTION	
DATE OF BIRTH	AGE	YEARS	NATIONALITY	RACE
MOBILE		EMAIL		
RESPONSIBILITY IN THE PROJ	ECT (RESEARCH TO	OPIC OR SUBF	PROJECT IN THE RESEAR	2CH)
SIGNED			DATE	
3. FIRST NAME (MR./MRS./MI	SS)		LAST NAME	
YEAR DEPARTMENT	'/FACULTY		UNIVERSITY/INST	TITUTION
DATE OF BIRTH	AGE	YEARS	NATIONALITY	RACE
MOBILE		EMAIL		
RESPONSIBILITY IN THE PROJ	ECT (RESEARCH TO	OPIC OR SUBF	PROJECT IN THE RESEAR	CH)
SIGNED			DATE	
MA/MSC. STUDENT(S	3) DETAILED AS FO	LLOWS (THE N	NUMBER CAN BE INCREA	SED AS APPROPRIATE.):
FIRST NAME (MR./MRS./MI	SS)		LAST NAME	
YEAR DEPARTMENT	7FACULTY		UNIVERSITY/INST	FITUTION
DATE OF BIRTH	AGE	YEARS	NATIONALITY	RACE
MOBILE		EMAIL		
RESPONSIBILITY IN THE PROJ	ECT (RESEARCH TO	OPIC OR SUBF	PROJECT IN THE RESEAR	2CH)
SIGNED			DATE	
OIOINED			PUIF	







1. FIRST NAME (MR./MRS./MISS) _		LAST NAME	
YEAR DEPARTMENT/FACU	JLTY	UNIVERSITY/INSTIT	TUTION
DATE OF BIRTH	AGEYEARS	NATIONALITY	RACE
MOBILE	EMAIL _		
RESPONSIBILITY IN THE PROJECT (I	RESEARCH TOPIC OR SUE	PROJECT IN THE RESEARC	H)
CIONED		DATE	
SIGNED		_ DATE	
		Signed	Project Proposer
(The proposal is cor	nplete once containing	the signature of all part	icipants.)
ACHMENT CHECKLIST			
ACHMENT CHECKLIST Resume of Project Manager			
Resume of Project Manager			
Resume of Project Manager Resume of Participating Researche	rs	e of foreign expert employ	ment)
Resume of Project Manager Resume of Participating Researche Detail of Research	rs	e of foreign expert employ	ment)
Resume of Project Manager Resume of Participating Researche Detail of Research	rs	e of foreign expert employ Signed	ment)



