



**MINISTRY OF NATIONAL EDUCATION
THE GOVERNMENT OF THE REPUBLIC OF INDONESIA**
Jalan Jenderal Sudirman – Senayan
J A K A R T A 10270
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**APPLICATION FORM
SCHOLARSHIP FOR MASTER DEGREE PROGRAMS**

INSTRUCTIONS

Please answer each questions clearly and completely. Type or print in ink. Read carefully and follow all directions. If you more space, attach additional pages of the same size. Submit the completed form, duly signed, in three copies to the Indonesian Embassy/Diplomatic Representative in your country.

A. PERSONAL DETAILS

1. a. Family name : _____
 b. First name : _____
2. Date of birth : _____
3. Place of birth : _____
4. Male/Female : _____
5. Nationality : _____
6. Religion : _____
7. Paspor Number : _____ Validity of : _____
8. a. Marital status : Single Married

affix photo here

4 x 6 cm

b. Do you have a husband/wife or any dependants ?

| NO | NAME | RELATIONSHIP | AGE |
|----|------|--------------|-----|
| | | | |

9. Permanent address in home country :

10. a. Employment (present)

b. Name and address of organization :

B. EDUCATION

| Name and Location of Institution | Subject of Study | Dates | Qualifications Obtained |
|----------------------------------|------------------|-------|-------------------------|
| | | | |

C. LANGUAGE : State proficiency Good - Fair - Elementary

| SKILLS | Indonesian | English | Others |
|---------------|------------|---------|--------|
| Speaking | | | |
| Understanding | | | |
| Writing | | | |

E. EMPLOYMENT DETAILS

| Years | Descriptions of Occupation | Employer |
|-------|----------------------------|----------|
| | | |

F. OTHER

Experience abroad

| No | Country | Purpose | Year |
|----|---------|---------|------|
| | | | |
| | | | |
| | | | |
| | | | |

G. DECLARATION

If accepted for the scholarship, I agree ;

- to abide by the rules of the university or college

- to refrain myself from political activities or any form of employment for profit or gain

- to refrain myself from being pregnant and being involved in drug traffichy and abuses

I certify that the statement I have made in response to the foregoing questions are true,
Completed and correct to the best of my knowledge.

Date

Signature
