

MINISTRY OF EDUCATION AND CULTURE THE GOVERNMENT OF THE REPUBLICOF INDONESIA

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Website: darmasiswa.kemdikbud.go.id Email: darmasiswa_kln@yahoo.com

DARMASISWA SCHOLARSHIP PROGRAM APPLICATION FORM

Family Name:			
Name: Mr/Mrs/M	s		
Citizenship:	enship:		affix photo here
Religion:	gion:		
Place and date o	f birth:		
Passport Number:		Validity of	
Mailing Address:			
			·
		☎(Home)/Cell-p	none:
☎ (Office):	Fax:	Email:	
Marital status:	Single \(\Boxed{\omega} \) Married (c	approved by copy of marriage cer	ificate)
	sband/wife or any dependence of name, relationship and date of		
		birth)	elationship
(Please give details of	name, relationship and date of	birth)	·
(Please give details of	name, relationship and date of	birth)	·
(Please give details of	name, relationship and date of	birth)	·
No No Where do you pre	name, relationship and date of Name	birth)	·

Person to be notified in your country and in Indonesia in case of emergency:

In your country		In Indonesia		
Name:	Name:_	Name:		
Address:	Address	Address:		
Home/Cell Phone:	Home/C	Home/Cell Phone:		
Relationship:	Relation	Relationship:		
B. ACADEMIC BACKGROUND** University/Institute Attended after High School	Years Attended	Degree Obtained/Expected	GPA	
	From To	(incl. Field of Study)		
Academic Referees Please provide the names and address of at least office. One of these referees must be either your p	2 persons you've asked to fo	ward confidential references to the	scholarship	
Academic Referees Please provide the names and address of at least office. One of these referees must be either your powhere you obtained the entry qualification.	2 persons you've asked to fo proposed Chief Supervisor or c	ward confidential references to the	scholarship	
Academic Referees Please provide the names and address of at least office. One of these referees must be either your powhere you obtained the entry qualification. Those references (ideally on letterhead paper) must be references.	2 persons you've asked to fo proposed Chief Supervisor or countries.	ward confidential references to the member of academic staff at the in	scholarship	
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Language: State proficiency Fair-Good-Advance

No	Skills Language	Speaking	Understanding	Writing
1	Bahasa Indonesia			
2	English			
3	Other:			

	PROPOSED PROG neck one program and	GRAM AND FIELD OF STUDY** d subject of study)	
1.	Program : a.	1 (one) Year	
	b.	6 (six) month	
	δ.		
	First Choice		
	Place of Study	:	
	Subject of Study		
	Second Choice		
	Place of Study	<u>:</u>	
	Subject of Study	:	
2.	are acquainted	posed field of study and indicate the practical use to be made of this study. If yo with the possibilities of study offered in Indonesia, list of institutes or projects yo or specific course you wish to attend.	
	-		

Dates (To-From) (indicate month		Name of Institution	Responsibility
ist professional	AND COMMUNITY IN, societal, fraternities or cate if you have held an	other organizations in which you now I	nold membership or in which you have been active
ear	Position/Organization	.	Responsibility
you have e	ever traveled or live	d outside Indonesia, please sp	pecify dates, countries and purpose**
-	ever traveled or live Country	d outside Indonesia, please sp Purpose	pecify dates, countries and purpose**
f you have e		-	pecify dates, countries and purpose**
Dates F. HOW DO	YOU LEARN ABOUT	-	PROGRAM
- HOW DO	YOU LEARN ABOUT	DARMASISWA SCHOLARSHIP P	PROGRAM

DECLARATION

- I hereby certify that the information I have provided on this application form and in any attached materials is accurate and true to the best of my knowledge and belief, and I agree to notify Ministry of Education and Culture (MoEC) of any change in the above information or of any further information that might affect my eligibility for consideration as a prospective recipient of the Darmasiswa Scholarship award.
- I understand that by completing this application form there is no assurance that I will be awarded a grant.
- I understand that grant funds are not sufficient to cover travel or support for my family and I will make necessary arrangements for the living expenses in Indonesia.
- I will not change either subject or place of study prior or upon arrival in Indonesia.
- I will not involve myself in any political activities or doing criminals during my study in Indonesia.
- I will not undertake any work for profit or earn living during my study in Indonesia.
- I will not involve with any drug traffic: active user or drug-seller.
- I will not do and perform immoral acts.

**Please attach additional pages if necessary.

- I will not travel out of Indonesia during the academic period and not travel out of Indonesia more than once.
- I will not allowed to bring the family during the study period even though at my own expense
- I will not allow performing activities of a certain ideologies or indoctrination.
- I fully responsible for my own luggage/goods if its lost prior or upon arrival in Indonesia. Have them in my hands custody.
- I have to refrain myself from being pregnant and being involved in drug traffic and abuses.
- I accept to be sent back to my country if I violate the said regulations and the stay permit regulation in Indonesia.
- I have to abide by the regulation of the government of Indonesia and as well as the Host University.

Signature:	Date:	
Note:		

THIS FORM IS TO BE FILLED OUT COMPLETELY AND ACCURATELY. WE REGRET INCOMPLETE APPLICATION WILL NOT BE CONSIDERED.