



ISLAMIC DEVELOPMENT BANK

M.SC SCHOLARSHIP PROGRAMME

APPLICATION FORM

Name		INSERT YOUR PHOTO HERE
Nationality		
Field of Study		

Please make sure that you meet all the criteria of the programme listed hereunder. Application will not be considered eligible failing to meet any of the criteria. (Failing to tick the appropriate box in each of the following items may lead to cancellation of your application)

1. I am a citizen of one of the 20 eligible member countries (*) Yes No
2. I am not more than 30 years old Yes No
3. I have a B.Sc degree in Science/Technology Yes No
4. I obtained above degree in academic standing/grades Yes No
5. I am nominated by my Institution/University Yes No
6. I am committed to return to my country after graduation Yes No
7. I am not in receipt of any other scholarship Yes No
8. I am medically healthy and agree to undergo medical tests
Later (not now), if selected Yes No
9. My proposed field of study is in Science/Engineering/
Technology/Medical Sciences/Statistics/Demography
or other related fields, such as econometrics, operational research Yes No
10. I have proven proficiency in English/French or both languages Yes No

Please note that only selected candidates will be contacted.

(*) Eligible member countries: Afghanistan, Benin, Burkina Faso, Chad, Comoros, Djibouti, Gambia, Guinea, Guinea-Bissau, Maldives, Mali, Mauritania, Mozambique, Niger, Palestine, Sierra Leone, Somalia, Togo, Uganda & Yemen.

**PLEASE ANSWER ALL QUESTIONS IN BLOCK LETTERS;
DO NOT USE ANY ABBREVIATIONS; FOLLOW ALL INSTRUCTIONS; IF YOU
CANNOT ANSWER, PLEASE EXPLAIN. THANK YOU !!!**

A. PARTICULARS ABOUT THE APPLICANT

1. **Name in full:** Mr/Mrs/Ms _____
(circle appropriate title)
2. **Date and Place of Birth** _____
3. **Religion** _____
4. **Nationality:** Present _____; at birth: _____
(As proof of nationality - birth certificate or passport copy - must be submitted)
5. **Marital Status (please circle as appropriate):**
a- Single b-Married c-Divorcee d-Widow
Number of Children _____ Age range of children _____
6. **Your father's name:** _____; Age: _____
His job/position: _____; Monthly income: _____
Number of his children (excluding yourself): _____
Their ages (in succession): _____
7. **Your home address: Apartment/House No:** _____; P.O. Box: _____
Street: _____; No: _____; Town/City: _____
Province/State: _____; Postal Code: _____
Telephone: Country code ____; City code: ____ Phone number: _____
E-mail: _____
8. **Contact information (you must complete this item, in case of urgency):**
Name of contact person: _____; Relationship: _____
City name: _____; City telephone code: _____
Tel: _____; Fax: _____; e-mail: _____
9. **Do you have any relative/friend/acquaintance at the IDB?** Yes ___ No ___
If yes: Name: _____; Position: _____; Relationship: _____
10. **Have you ever applied before?** Yes ___ (year: _____); No: ___;
If yes: I was not selected ___ I was not eligible (reasons: _____)

B. ACADEMIC BACKGROUND

1. **B.Sc degree: Name of University:** _____

Town/City: _____

Country: _____

Field of study: _____; Length of study: ___ years

Degree obtained _____;

Date of graduation: _____

2. **Grades: Tick (final/overall) grade average you obtained:**

Obtained Grade/ GPA: _____

Stand as : Excellent Very good Good

Note: Grades must be provided. If not, your application will not be processed!

3. **Ranking:** Indicate your exact ranking in your graduating class: ___ in a class of ___ students. **Note:** *Exact ranking is required by some schools for admission purposes.*

4. **Have you ever taken a GRE (Graduate Record Examinations) Test?**

Yes; ___ No ___; If yes, when did you take it? _____; Indicate your score: ___; If not, can you take it in your country? ___ Yes; ___ No.

5. **Language Proficiency (Write: Excellent, Good or Fair):**

	<u>Reading</u>	<u>Writing</u>	<u>Speaking</u>
English	_____	_____	_____
French	_____	_____	_____
Arabic	_____	_____	_____

Note: *Your language proficiency must be supported by a document or certificate, e.g., for English, by a recognized language certificate such as TOEFL or passed required level test conducted such as by British Council or equivalent system in French):*

Exact TOEFL/other language test score: _____; When/in what year taken: _____; Copy attached **Now**; ___ **Not (yet)**; ___ **Will be supplied later**; ___ ; Cannot take TOEFL/language test in my country_____.

6. **Any other relevant facts or achievements (such as written works, projects completed, etc) which you wish to add** *(you may submit copies, if any):*

C. **PROFESSIONAL BACKGROUND**

1. **Name of Institution/Organization where you work now**_____

(Please do not use abbreviations)

Type: Academic Research Public/ Private Govt. Organization

Town/City_____ Province/State: _____

Telephone (with country and city codes):_____ Fax_____

E-mail:_____ Employed since_____

Note: If your address is not given or is not clear, we will not be able to contact you. . All your mails will be sent to the address of your institution, above; if you do not work, all your mails will be sent to your home/ mailing address.

2. **Your current position (if case employed)** _____;
Date employment begun: _____; Name and title of your immediate Supervisor: _____; Tel: _____; Fax: _____

3. **Number of years you have been working:** In general: _____ years
In your proposed field of study: _____ years

4. **Professional Training/Courses/Upgrading taken/received (if any, please attach certificates):**

Field: _____; Sponsored by: _____; Location: _____; Date: _____

Field: _____; Sponsored by: _____; Location: _____; Date: _____

Field: _____; Sponsored by: _____; Location: _____; Date: _____

Field: _____; Sponsored by: _____; Location: _____; Date: _____

5. **Number of awards/recognition received for academic or professional excellence:** _____; None _____ (If yes, please attach certificates):

Title: _____ For what: _____

Given by whom: _____; Year given: _____

6. **Name three (3) referees** (not related to you and two of them must be your current or former teachers/professors; request them to complete the form at the back of this Application Form, Section H., and receive them back in sealed envelopes and mail them along with your application form and other attachments):

Name: _____; Relationship: _____

Name: _____; Relationship: _____

Name: _____; Relationship: _____

D. PLAN OF STUDY

1. Indicate your proposed field of study: _____;
Your proposed research area: _____

Briefly describe below what you would like to study and/or research and why (from the scientific point of view and from the development needs of your country). *Note: If this area is blank, IDB will not be able to seek or secure admission for you:*

2. **Do you have an admission already?**
Yes _____ (attach your admission letter); No ___ Possible _____
(name University and country): _____

Note: *Admission is desirable but not necessary until after final selection.*

3. Which country do you prefer for your study?
My own country _____; Other: _____;

Note: *Place of study under the Programme is in IDB member countries only (Malaysia, Pakistan, Turkey, Egypt, etc.) and not in the West.*

4. **Duration of study under the Programme is for two (2) years maximum. Indicate your preference:**
a- M.Sc by course work only; _____.
b- By research only (including writing a thesis); _____
c- Either or both _____;
d- **In what language of study:** English; _____ French; _____ Arabic _____.

E. DECLARATION OF THE APPLICANT

1. *I certify that all information given in this application is complete and correct to the best of my knowledge.*
2. *I understand that any false information found therein may result in the ineligibility for my application or termination of my scholarship at a later date.*
3. *I also declare that I have never been convicted of any criminal behavior in my life. If this statement is found to be untrue now or at a later date, my application will be considered ineligible and any scholarship obtained will be terminated instantly.*

Signature: _____ **Date:** _____

F. ATTESTATION BY THE HEAD OF INSTITUTION WHERE YOU WORK OR NOMINATING YOU: (If this section is not completed or without a signature, the application will be considered invalid and will not be processed):

1. _____ *All the particulars provided in this application are genuine and correct*
2. _____ *No (The applicant is not working at my Institution)*
_____ *Yes (The applicant works at my Institution); and,*
3. *If the applicant is awarded the IDB M.Sc Scholarship, he/she will be treated like all beneficiaries of scholarships (whether from the Government or international institutions), i.e., that:*
 - 3.1 *he/she will be regarded as being on leave during the tenure of the IDB M.Sc Scholarship;*
 - 3.2 *his/her right to return, resume duties as before or as deemed necessary and undertake (further) research will be respected and facilitated;*
 - 3.3 *every effort will be made to ensure that the outcome of the training and research undertaken will be fully absorbed and utilized.*

Name/Title of Head/Director: _____

Name of Nominating Institution: _____
(in BLOCK letters, no abbreviation)

Signature: _____ **Date:** _____

Official stamp here (->)

G. **DOCUMENT CHECKLIST** *(Please send all the following and tick to indicate you have done so):*

- | | | |
|-----|--|----------------|
| 1. | Completed Application Form | ___ Yes ___ No |
| 2. | Two (2) passport-size photos | ___ Yes ___ No |
| 3. | Your curriculum vitae | ___ Yes ___ No |
| 4. | Your B.Sc diploma | ___ Yes ___ No |
| 5. | Your B.Sc transcripts | ___ Yes ___ No |
| 6. | Your birth certificate | ___ Yes ___ No |
| 7. | Three (3) letters of reference in sealed envelopes | ___ Yes ___ No |
| 8. | Certificate of English Language Proficiency | ___ Yes ___ No |
| 9. | Passport copy | ___ Yes ___ No |
| 10. | Acceptance letter from one university | ___ Yes ___ No |

***Please send all the above to/through the Office of the IDB Governor
for your country and not to the IDB.***

H. FORM FOR THREE (3) LETTERS OF REFERENCE:

Dear Referee:

Please kindly fill out this form and provide, to the best of your ability the most accurate and up-to-date information on the student below. Kindly put it in a sealed envelope and return it to the student.

This reference is evaluated using a point system so your reference must be in this form and not in a letter or any other form. If a letter or another form is used, the students will not get the necessary points. Thank you.

1. Student name: _____ Country: _____
2. How long have you known the student? -----
3. In what capacity (as student, colleague, staff, etc): -----
4. Do you know his/her father/family? **Very well** ____; **Casually** ____; **No** ____
Their economic situation: **well-off** and can pay for the student's education ____;
Cannot pay for the student's education; _____, **Very poor** _____
5. How do you rate the student's overall academic capabilities?
Top 10% ____; Top 25% ____; Above 50%; ____ Below 50% ____;
6. Please tick/explain as appropriate of the student's:

Personality:	___ Good;	___ Pleasant; ___ Other (Specify): _____
Commitment to his/her Institution:	___ Strong;	___ Other (Specify): _____
Commitment to returning after study?	___ Yes;	___ Maybe; ___ Don't know
Ability to get along with others:	___ Good;	___ Other (Specify): _____
Communication skills:	___ Excellent;	___ Good; ___ Other (Specify): _____
Language ability:	___ Excellent;	___ Good; ___ Other (Specify): _____
Verbal communication:	___ Excellent;	___ Good; ___ Other (Specify): _____
Writing skill:	___ Excellent;	___ Good; ___ Other (Specify): _____
Research ability:	___ Excellent;	___ Good; ___ Other (Specify): _____
7. Do you recommend him/her to receive the IDB M.Sc. Scholarship?
Strongly ____; Highly ____; Yes ____; No ____ (Please explain):
8. Any other comments you wish to add:

Your name: _____ **Position:** _____
Address: _____
Tel: _____ **Fax:** _____ **e-mail:** _____