XVII VIETNAM SCHOOL OF PHYSICS (VSOP)

(Hue, 18-24 July 2011)

and

2011 BCVSPIN

Advanced Study Institute in Particle Physics and Cosmology (Hue, 25-30 July 2011)

APPLICATION FOR PARTICIPATION

(Please, print legibly or use a typewriter. Uncompleted form will NOT be considered)

(Please, print legibly	or use a typewriter.	Incompleted form will NO1 be considered)									
VSOP: □		BCVSPIN: □									
(please, tick in one or both the above boxes)											
Section I: PERSONAL DATA (to be completed by the Applicant)											
1. Surname:	First name:	Middle name(s):									
2. Name as written in the passport	or ID Card:										
3. Nationality:											
4. Sex	Male \square	Female \square									
5. Date of birth (day - month - yea	r):										
6. Highest Univ. degree received (Indicate area of speciali	zation & date).									
7. Academic position & Scientific 6	employment:										
8. Adresses (<i>Please, give address</i>	es in full and tick only C	NE box to indicate the address for correspondences)									
Professional:		Home / Private:									
Phone:		Phone:									
Fax:		Fax:									
Professional E-mail :		Personal E-mail									
9. Details of physics education (thi	is is used by the organis	ers to better target the level of courses):									
Please, tick the relevant in	tems and/or add releva	ant elements									
- Quantum Field Theory:		- Statistical Physics:									
- Group Theory:		- Computer education (pls, specify):									
- Particle Physics:	nuitation:	- Other fields (pls, specify below):									
- General Relativity and Gra	ivitation. \Box										
10. Professional activities (please,	use additional pages if	necessary):									
- Research subject											
- Teaching activities											
- If you have publications, p	please list those you cor	sider most relevant (<i>Title, Author(s),</i> Year & Journal)									

11. Give your motivation for attending the School of Physics:

12. English language proficiency:	excellent		good		fair		poor				
13. Financial support requested from the or	rganizers (<i>pl</i>	lease, tick i	n the ap	propriate	box)						
- No support requested											
Support for local expenses only (for VSOP):Support for local expenses only (for BCVSPIN):			sharing-room meals sharing-room meals								
- Travel support (please, give the amount requested):											
14. If you would like to present a seminar talk (~20 min.) or a poster during the VSOP or BCVSPIN, please give the following details:											
- Seminar: or Poster: or VSOP: or / and BCVSPIN:											
- Title:											
I certify that the statements made by me above are true and complete.											
Signature of candidate :		Date	(dd-mm-	-yy):							
Please attach the completed form before 04 April 2011 (Monday), when you register online at											
http://www.iop.vast.ac.vn/activities/vsop											
Section II: RECOMMENDATION OF APPLICANT (to be completed and sent separately via email/post by the Senior Scientist recommending the applicant)											
Full Name :											
Full address of Institution:											
Phone: Fa	x:			E-ma	il :						
General opinion:											
					•••••						
Signature of the recommending person :					Date (d	d-mm-yy):					

CONTACT ADDRESS:

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