농림축산검역본부 공고 제 2017-31호

**Post-doctoral Fellowship**

**for Foreign Researchers**

**Foot-and-Mouth Disease Division**

**Animal and Plant Quarantine Agency**

**MAFRA**

**1. Purpose of the program**

The Fellowships Program is designed to provide promising foreign researchers with opportunities to conduct research in the field of veterinary medicine at Animal and Plant Quarantine Inspection Agency (QIA).

**2. Research project**

Project title: Preparation of reference samples using Foot-and-mouth disease virus and field evaluation

**3. Terms and stipend**

This program ends June 30th, 2019 and the first year of the program ends June 30th, 2017. The contract will be extend based on performance of the researcher. Salary will be 1.8~2.7 million Korean won per month based on applicant’s experience.

**4. Qualifications of Applicant**

○ hold a Master Degree in virology, immunology, molecular biology, veterinary medicine

○ have strong oral and written English communication abilities

○ Highly motivated, creative individuals with experience in virology, immunology and veterinary medicine are encouraged to apply

**5. Applicants should submit the following documents until Jan 7th, 2017.**

○ Application form (Annex 1).

○ Medical Record (Annex 2)

○ Copy of Master degree certification and summary of Master degree Thesis

○ Copy of publications (front page only)

○ Certifications or test results of English proficiency

○ Letter of Recommendation

**6. Contact**

Project leader: Jaewon Byun DVM, Ph. D

Address: Division of FMD, Animal and Plant Quarantine Agency (QIA), 177 Hyeoksin 8-ro, Gimcheon-si, Gyeongsangbuk-do, 39660, Republic of Korea

Phone: +82-54-912-0780; FAX : +82-54-912-0888

E-mail: hmpyo@korea.kr

**QIA will contact the applicants for the interview by Jan 8th, 2017.**

**7. Pre-departure Instruction**

(1) Selected candidate should apply for working VISA to the Korean Embassy in the candidate's' country.

(2) Please confer with t project leader with travel details and VISA status at least three weeks before coming to Korea.

**Annex 1      Application Form**

**Post-doctoral Fellowship for Foreign Researchers**

**Instruction : Application form should be typewritten and filled out in English.**

|  |  |
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| **1. Name in full :** **(Given Name)      (Family Name)****2. Passport No. :****3. Current Institution :****4. Current Position :**  | **(PHOTO)** |
| **5. Sex** | **6. Nationality** | **7. Date of Birth** | **8. Place of Birth** |
| **M / F** |   |   |   |
| **9. Marital status : Married (     )     Single (     )****If married, will spouse and children accompany ? Yes (    )  No (    )****Number of accompanying people :** |
| **10. Addresses for contact**1. **Office :**

**(Tel :                        Fax :                     )****2) Home :****(Tel :                        Fax :                     )****3) E-mail :** |
| **11. Educational background (from Bachelor's degree to Doctor of Philosophy )** |
| **Name of Institution** | **Major field** | **Academic degree** | **Year** |
|   |   |   |   |

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| **12. Foreign language proficiency****(please evaluate yourself by writing excellent, good, fair)** |
| **Language** | **Speaking** | **Writing** | **Reading** |
|   |   |   |   |
|   |   |   |   |
|   |   |   |   |
|   |   |   |   |
| **13. List of major publications including master's/doctoral theses :** |
| **14. Previous visit to Korea (if any ) :** |
| **Year** | **Length of stay** | **Institution/Location** | **Funded by** | **Purpose of visit** |
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| **15. Past and current research :****(State past and current research relevant to the proposed research title)**                   |

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| **16. Research plan under the fellowship program in Korea :** |
| **17. Signature of the Applicant****(THIS APPLICATION IS NOT COMPLETE WITHOUT THE SIGNATURE)****Signature :**  **Date :**   |

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| **18. Recommendation of nominating authority****Instruction: To be completed in detail and signed by the relevant** **government body (the name and title of the responsible official must be** **typewritten)  (see Annex 3).** |
| **1) Comments on academic qualifications, professional experience in the research field and ability of applicant.**          |
| **2) Comments on the utilization of training output of the fellowship** **recipient to his/her motherland after returning home.**             **Address:** **Tel:                                           Name and Title of****Fax:                                           responsible official****e-mail :                                         (Refer to Annex 3)****Date:                            Signature:**  |

**Annex 2**

**Medical Record**

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| **Name:** **Age:            Sex:             Height:           Weight:** |
| **1) If the fellow has a history of illness or other disorders during the last** **five years, please describe treatment and present status.**  |
| **2) List any abnormalities indicated in the chest X-ray.**   |
| **3) What is the fellow's normal blood pressure ?**   |
| **4) Is the fellow free from infectious disease (AIDS, tuberculosis,** **trachoma, skin disease, etc.) ?**  |
| **5) Is the fellow able physically and mentally to carry on intensive** **training away from his/her home ?**  |
| **6) Describe the fellow's overall health condition (include remarks of the** **examining physician).**  |
|  **Date:** **Signature of applicant:**   |