농림축산검역본부 공고 제 2013-250호

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| **This application form made by MS-word can be obtained****from the QIA's website (http://www.qia.go.kr)** |

**Post-doctoral Fellowships for Foreign Researchers**

***Program Announcement***

**Animal and Plant Quarantine Agency,**

 **MAFRA**

**Ⅰ. Overview**

**1. Purpose**

     The Post-doctoral Fellowships Program is designed to provide promising young foreign researchers with opportunities to improve their knowledge and experience in their field of specialization, while also conducting research activities in Animal and Plant Quarantine Inspection Agency (QIA).

**2. Research Fields and Title**

    Field: Veterinary medicine, Parasitology, Molecular biology, biology etc.

    Title

* “Identification and surveillance of SFTSV in animal and tick”

**3. Duration and Commencement of Fellowship**

    ○ Fellowships are awarded for a period of 12 months.

    ○ Fellowships can be extended.

**Ⅱ. Conditions of Award**

**1. Qualifications of Applicants**

**Applicants should:**

    ○ hold a Ph.D. Degree received with research experience in his/her field of specialization.

    ○ be recommended by the head of organization or supervisor of Ph. D. course, in accordance with item 18 of the application form (Annex 1).

    ○ have a good command of spoken and written English (or Korean language)

    ○ be in good health, both physically and mentally, so as not to interfere in carrying out the research projects.

**Applicants should submit the following documents until December, 20, 2013**

    ○ Application form (Annex 1).

    ○ Medical Record (Annex 2)

    ○ Copy of Ph. D. certification and summary of Ph. D. Thesis

    ○ Copy of publications (front page only)

    ○ Certifications or test results of English proficiency

    **○ Letter of Recommendation**

**2. Application Procedure and Screening**

  (1) The applicant must submit one signed copy of Application Form (Annexes 1 & 2) and other documents to Parasite·Insect Disease Research Laboratory until December, 20, 2013.

  (2) QIA will inform the applicants by (December, 24, 2013) whether or not the applicants have been accepted.

**Ⅲ. Living Allowance & Expenses**

 QIA provides a living allowance determined by committee, 1.9~2.8 million won (Korean currency unit) per month to the Fellowship recipients during the course of the post-doctoral program.

**Ⅴ. Pre-departure Instruction**

  (1) Selected candidates should contact the program leader, and submit the necessary documents for applying for long-term visa to the Korean Embassy in the candidate's' country.

  (2) Selected candidates should confer with their program leaders about travel details at least three weeks before coming to Korea.

**Ⅵ. Correspondence**

  For further details concerning this program, please contact the program leader.

Parasite·Insect Disease Research Laboratory Laboratory

      Animal and Plant Quarantine Agency (QIA), Ministry of Agriculture, Food and Rural Affairs, 175, Anyang-ro, Manan-gu, Anyang-si, Gyeonggi-do, 430-757, Republic of Korea

      TEL: +82-31-467-1824, FAX : +82-31-467-1828

      E-mail: kimyh1824@korea.kr

 Program leader: Seung-Won Kang Ph. D

    Bacterial disease Division, Animal and Plant Quarantine Agency (QIA), Ministry of Agriculture, Food and Rural Affairs, 175, Anyang-ro, Manan-gu, Anyang-si, Gyeonggi-do, 430-757, Republic of Korea

    TEL: +82-31-467-1825, FAX : +82-31-467-1828

    E-mail: kangsw777@korea.kr

**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:**   |