

بِسْمِ اللَّهِ الرَّحْمَنِ الرَّحِيمِ



ISLAMIC DEVELOPMENT BANK

**B.Sc. SCHOLARSHIP PROGRAMME  
IN SCIENCE AND TECHNOLOGY  
FOR DEVELOPING MEMBER COUNTRIES (LDMCs)**

## APPLICATION FORM

Name	
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 LDMCs  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 average 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  Yes  No  
Later (not now), if selected
9. My proposed field of study is in Science/Engineering/  
Technology/Medical Sciences  Yes  No
10. I have proven proficiency in English/French or both languages  Yes  No

***Please do not detach this page. With this page and Self-addressed Sheet at the back, your Application Form should have a total of eight (8) pages.***

**PLEASE ANSWER ALL QUESTIONS IN BLOCK LETTERS;  
DO NOT USE AND AVOID 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): Single Married Divorcee Widow  
Number of Children \_\_\_\_\_ Age range of children \_\_\_\_\_

6. Your father's name: \_\_\_\_\_; Age: \_\_\_\_\_

His job/position: \_\_\_\_\_; Monthly income: \_\_\_\_\_

Number of his other 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 eligible (reasons: \_\_\_\_\_); I was not selected \_\_\_

**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 stands as      Excellent       Very Good       Good

*Note: Grades must be provided. If none, 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 so must also be provided.*

4. **Have you ever taken a GRE test (Graduate Record Examinations)?** \_\_\_ 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 and 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: \_\_\_\_\_ working since \_\_\_\_\_

**Note:** *If your address is not given or is not clear, we will not be able to contact you. Your application will be a waste. 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 you work):** \_\_\_\_\_; 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, and you may attach certificates, if any):**

Field: \_\_\_\_\_; Sponsored by: \_\_\_\_\_; Location: \_\_\_\_\_; Dates: \_\_\_\_\_  
Field: \_\_\_\_\_; Sponsored by: \_\_\_\_\_; Location: \_\_\_\_\_; Dates: \_\_\_\_\_  
Field: \_\_\_\_\_; Sponsored by: \_\_\_\_\_; Location: \_\_\_\_\_; Dates: \_\_\_\_\_  
Field: \_\_\_\_\_; Sponsored by: \_\_\_\_\_; Location: \_\_\_\_\_; Dates: \_\_\_\_\_

**5. Number of awards/recognition for academic or professional excellence received:** \_\_\_\_\_; \_\_\_ None (if any, you may 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 country of study? \_\_\_ My own country; Other: \_\_\_\_\_;

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

4. Duration of study under the Programme is only for two (2) years. Indicate your preference: \_\_\_ M.Sc by course work only; \_\_\_ by research only (including writing a thesis); \_\_\_ either or both; 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: \_\_\_\_\_**

**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 kind nam: \_\_\_\_\_ Position: \_\_\_\_\_

Address: \_\_\_\_\_

Tel: \_\_\_\_\_ Fax: \_\_\_\_\_ e-mail: \_\_\_\_\_

**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: \_\_\_\_\_

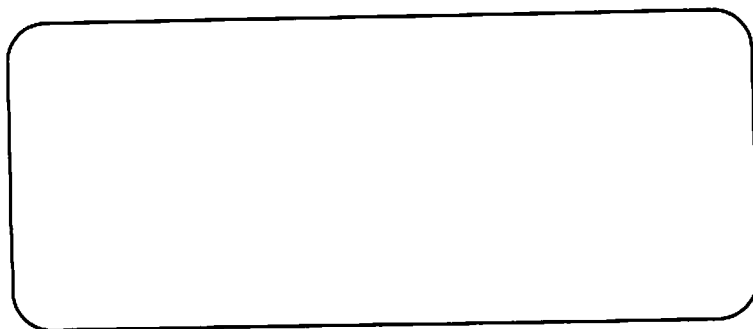
Official stamp here (->)

**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 |

**Send all the above to/through the Office of the IDB Governor for your country and not to the IDB. The deadline is April 30 of every year.**

**Self-addressed Reply Sheet**



*Please do not detach! This page will be sent back to you in a window envelope so please write (in the box) your name and your complete mailing address clearly in block letters.*

Dear Applicant,

Thank you for applying for the M.Sc Scholarship Programme. Your application has been processed and the result is as follows (marked "x"):

I regret you are not eligible for the following reason(s):

- You are not a citizen of one of the eligible LDMC countries;
- Your age is not within the prescribed limit (of maximum 30 years).
- You have no B.Sc/Licence/Maitrise or equivalent in science and technology;
- Your academic standing/grades are not as required under the Programme;
- You are not nominated by an institution in your country;
- Your proposed field of study is not covered under the Programme;
- other reason(s):

The final selection has been completed and I regret your application was not selected.

Thank you and with my best regards.

Yours sincerely,

**Dr. Malek Shah Bin Mohd. Yusoff**  
**Head, Scholarship Office.**

No: 36/2/

Date: