

43rd International Vegetable Training Course on  
“Vegetable Breeding”, The World Vegetable Centre, Bangkok, Thailand,  
26 October – 06 November 2026 (excluding arrival & departure)

## APPLICATION FORM

### A.1. Personal Information

Given Name:

Middle Name:

Family Name:

**A2. Date of Birth (DD/MM/YYYY)**

**A3. Sex**

Female

Male

**A4. Passport number:**

**A5. Specify address of Thai Embassy where you will collect the visa:**

**A6. Date of Expiry (DD/MM/YYYY)**

**A7. Nationality** (If multiple, match with the passport number used in Question A4)

**A8. Address**

**A9. Phone (Office):**

**A10. Phone (Personal/Mobile):**

**A11. Email:**

**B. EDUCATIONAL BACKGROUND**

**B1. Highest level of education completed?**

- High school or equivalent
- Bachelor's degree or equivalent
- Master's degree or equivalent
- Above Master's degree
- Other, please specify

**B2. Area of study?**

- Agriculture
- Environmental studies and forestry
- Applied Sciences (other than agriculture and environment)
- Social Sciences (economics, sociology, etc.)
- Business (accounting, marketing, management, etc.)
- Physical Sciences
- Humanities and Liberal Arts
- Engineering, IT, Computing
- Please specify

**B3. Year Completed:**

**B4. Name of Institution & Location:**

**B5. Did you study Agricultural Sciences in any other college/university degree program (Other than the one noted in Question B1?)**

- Yes (Continue with Question B6)
- No (Go to Section C: EMPLOYMENT / EXPERIENCE)

**B6. If YES (in Question B5), what was the area of study?**

**B7. If YES (in Question B5), what was the level of study?**

- Bachelor's degree or equivalent
- Master's degree or equivalent
- Above Master's degree
- Other, please specify:

**C. EMPLOYMENT / EXPERIENCE**

**C1. Position**

**C2. Name of Current Employer:**

**C3. Type of Current Employer?**

- Academic Institution (school, college, university, etc.)
- Government Organization
- Private Business
- NGO / International NGO
- International Organization (United Nations, AVRDC, etc.)
- Self-employed
- Other, please specify:

**C4. How many years have you been working with current employer?**

**C5. Employer's Address**

**C6. Employer's E-mail:**

**C7. Employer's Phone:**

**C8. Name of Supervisor/Head:**

**C9. Supervisor's Email** (if different than in Question C5):

**C10. Supervisor's Phone** (if different than in Question C6):

**C11. General area of current work** (Choose the most relevant)

- Academics / Teaching
- Extension / Development
- Research
- Business / Marketing
- Administration / Finance
- Other, please specify:

**C12. Specific area of current work**

- Agriculture related (Please Specify: \_\_\_\_\_)
- Not agriculture related

**C13. Write three words related to your current job description:**

**C14. Total years of your past working experience:**

**C15. Evaluate your knowledge level in the following areas:**

**My knowledge in plant disease and pest management**

- Good
- Basic
- Low

**My knowledge in crop agronomy**

- Good
- Basic
- Low

**My knowledge in postharvest technology management**

- Good
- Basic
- Low

**D. ENGLISH PROFICIENCY**

Course sessions will be conducted in English. Proficiency in written and oral English is required to fully benefit from the course. Please rate your level of proficiency below:

***Reading***

- Confident
- Basic
- Low

***Speaking***

- Confident
- Basic
- Low

***Understanding***

- Confident
- Basic
- Low

***Writing***

- Confident
- Basic
- Low

**F. FINANCIAL SUPPORT**

Please note that WorldVeg does not provide scholarships for the 41st IVTC.

**F1. Means of support**

- Employer funded
- Donor funded
- Self-funded / individual fund

**F2. Donor's Name:**

AFRICAN ASIAN RURAL DEVELOPMENT ORGANIZATION (AARDO)

**F3. Donor's Address:**

02, State Guest Houses Complex, Chankyapuri, New Delhi-110021, India

**F4. Donor's Phone (main contact):**

+9111-24100475

**F5. Donor's Email (main contact):**

[cbdp@aardo.org](mailto:cbdp@aardo.org)

**F6. Contact person at Donor's office:**

Mr. Kamal Dhameja,  
Head Administration and CBDP Divisions,  
African Asian Rural Development Organization

**G. EMERGENCY CONTACT INFORMATION**

**G1. Person for emergency contact:**

**G2. Your relation with this person:**

**G3. Phone number of the emergency contact person:**

**G4. Email of the emergency contact person:**

**H. PREVIOUS TRAINING**

**H1. How did you learn / hear about the International Vegetable Training Course (IVTC)?**

- WorldVeg (AVRDC) / IVTC website
- Employer / Donor
- Advertisement through email
- Other, please specify:

**H2. Have you attended WorldVeg (AVRDC) training courses or workshops in the past?**

- Yes
- No

**I. FOOD RESTRICTIONS**

**I1. Do you have any dietary restrictions?**

- I am a vegetarian
- I do not eat beef
- I do not eat pork
- Other, please specify:

**J). YOUR MOTIVATION**

Please state briefly your reasons for applying for this training course, your main field of interest, and how you hope to benefit from the course (maximum 250-300 words).

**K). ATTACHMENTS:**

**K1. Please attach a passport-size photo**

**K2. Copy of passport (please scan your passport and attach to this application form)**

**K3. Assurance of Position Statement (Please fill it, get it signed by your supervisor and Scan and attach it with this application together with the scanned copy of passport and photo and email all to [cbdp@aardo.org](mailto:cbdp@aardo.org)**



# World Vegetable Center

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P.O. Box 1010  
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Bangkok 10903, Thailand  
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Fax: +66-2-942-8688  
Web: www.avrdc.org  
Email: info-eastasia@worldveg.org

## ASSURANCE OF POSITION STATEMENT

Place: \_\_\_\_\_

Date: \_\_\_\_\_

To:

World Vegetable Center  
Regional Office for East and Southeast Asia/Oceania  
P.O. Box 1010 (Kasetsart University)  
Bangkok 10903, Thailand

This is to assure that \_\_\_\_\_ who currently holds the position of  
(Name)

\_\_\_\_\_  
(Position)

at the \_\_\_\_\_  
(Organization)

in \_\_\_\_\_ will be granted leave of absence and will be  
(City/Country)

assigned to the position of \_\_\_\_\_  
(Position)

at the termination of the advanced training, should he/she be selected.

Name: \_\_\_\_\_

Signature: \_\_\_\_\_

Title of position: \_\_\_\_\_

Official address: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_