



XII-th VIETNAM SCHOOL OF PHYSICS

Nha trang, 26 December 2005 to 07 January 2006

<http://www.iop.vast.ac.vn/activities/vsop>

REQUEST FOR PARTICIPATION

(Please print legibly or use a typewriter. All sections of the form must be completed)

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. Sex : Female / Male

4. Date of birth (day - month – year) :

5. Highest Univ. degree received (Indicate area of specialization & date).

6. Academic position & Scientific employment:

7. Adresses (Please give addresses in full and tick only ONE box to indicate where correspondences should be sent)

Professional:

Home / Private:

.....

.....

.....

.....

.....

Phone:.....

Phone:.....

Fax:.....

Fax:.....

Professional E-mail (*):

Personal E-mail (*):

(* I agree that my E-mail addresses can be made public on the VSOP webpage: Yes No)

8. Details of physics education (this is used by the organisers to better target the level of courses):

tick the relevant items and/or add relevant elements

- Quantum Field Theory:

- Other fields:

- Mathematical Physics:

- Condensed Matter Physics:

- Particle Physics:

- Statistical Physics:

- General Relativity and Gravitation:

9. Professional activities (please, use additional pages if necessary):

- Research subject.....

- Teaching activities.....

- If you have publications, please list those you consider most relevant (Title, Author(s), Year & Journal)

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

11. English language proficiency: excellent good fair poor

12. Financial support requested from the VSOP organizers (please tick in the appropriate box)

No support requested

Support for local expenses only : sharing-room meals

Travel support (please, give the amount requested) :

I certify that the statements made by me above are true and complete.

Signature of candidate : Date (mm-dd-yy):

Section II: RECOMMENDATION OF APPLICANT

(to be completed by the Senior Scientist recommending the applicant)

Full Name :

Full address of Institution:

Phone: Fax: E-mail :

General opinion:

.....

.....

.....

Signature:

Date(mm-dd-yy):

Please return the completed form **before 8 November 2005** via post or by fax to:

Ms Doan Hong Minh / Ms Vo Xuan Yen

Vietnam School of Physics

Institute of Physics and Electronics

10 Dao Tan, Da Dinh, Hanoi, Viet Nam

Fax: (84-4) 834 90 50,

Tel: (84-4) 766 2107 / 834 7953 / 766 0221

E-mail: vsop@iop.vast.ac.vn