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Name	Full Name	Doe Jane
	Nick Name	Jane
	Any other name (if any)	

Applying as	Academic	<input checked="" type="checkbox"/>
	Professional	<input type="checkbox"/>

Birthday (place) (dd/mmm/yyyy)	1 January 19XX
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ID Card/Passport/Driving license No.	AA543210
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Marital Status	Married
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Current Occupation	Title	Manager
	Intitution	International Office XXXXX

Academic Affiliation	PhD
	Institution

Nationality *required	Indonesia
Multiple nationalities (if applicable)	<input type="checkbox"/> Yes/ No <input checked="" type="checkbox"/>
List other Nationality (if any)	

Address	(in Indonesia (If available))	Central Jakarta XXXXX
	() overseas	

Telephone	home	
	mobile	628XXXXXXXXXX

Reccomendation Letter *required	name	age	Affiliation	Relationship
	Prof XXXX	50	University XXXXX	Disertation Supervisor
	Mr XXXXX	45	Director of International Office XXXX	Immediate supervisor

Reccomender/ Referee Contact *required	(who)	Prof XXXX	Mr XXXX
	(Email address)	XXXX@xxx.com	xxx@xxxxxx.org
	(phone)	12xxxxxx	62xxxxxxxxxx

List 1-2 member(s) at ERIA with whom you wish to consult during the fellowship if selected. *required	1. Dr. Dionisius A. Narjoko	2. Dr. Lurong Chen
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