ПОСОЛЬСТВО ЯПОНИИ В КЫРГЫЗСКОЙ РЕСПУБЛИКЕ

КЫРГЫЗ РЕСПУБЛИКАСЫНДАГЫ ЯПОНИЯНЫН ЭЛЧИЛИГИ

720040, Кыргызская Республика, г.Бишкек, ул. Раззакова 16, Тел.: (+996-312) 300050/51, Факс: (+996-312) 300052, japanembassy@be.mofa.go.jp

MK - 022

30 октября 2020 года

Посольство Японии в Кыргызской Республике свидетельствует свое уважение Министерству здравоохранения Кыргызской Республики и имеет честь направить формы заявок на участие по курсу «Medical Administration» в рамках Программы Правительства Японии «Young Leaders' Program» на 2021 год.

В этой связи Посольство просит Министерство предоставить до 27 ноября 2020 года рекомендательное письмо с указанием списка кандидатов и заполненными документами, которые прилагаются к данной ноте.

Посольство пользуется случаем, чтобы возобновить Министерству уверения в своём высоком уважении.

Приложение:

- 1. Форма заявки
- 2. Сертификат о здоровье
- 3. Форма рекомендации
- 4. Руководство к Программе

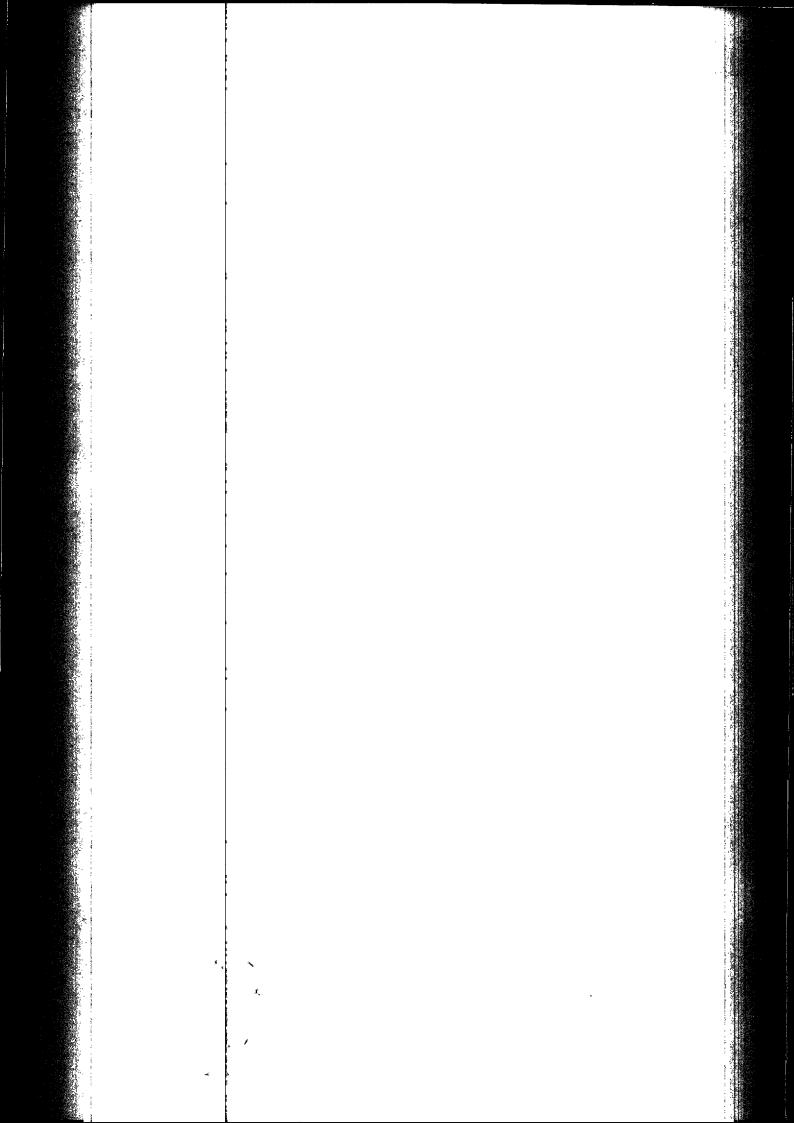
МИНИСТЕРСТВО ЗДРАВООХРАНЕНИЯ КЫРГЫЗСКОЙ РЕСПУБЛИКИ

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APPLICATION GUIDELINES JAPANESE GOVERNMENT (MEXT) SCHOLARSHIP FOR 2021 YOUNG LEADERS' PROGRAM (YLP) STUDENT (HEALTHCARE ADMINISTRATION)

I OUTLINE

1. Objectives

The Young Leaders' Program (YLP) aims to contribute to cultivate future national leaders in Asian and other countries, moreover, to contribute to establish friendly relationship among various countries and to improve policy planning activities by forming a network among national leaders thorough deepening their understanding of Japan. The YLP is one of the Japanese Government (MEXT*) Scholarship Programs.

*MEXT: Ministry of Education, Culture, Sports, Science and Technology

2. Eligible Countries and Participants

Participants are selected from the countries listed below. They should be young public administrators in healthcare and allied sectors who are expected to play active roles as future national leaders in their respective countries.

Afghanistan, Bangladesh, Cambodia, Indonesia, Kazakhstan, Kyrgyzstan, Laos, Malaysia, Mongolia, Myanmar, Thailand, Uzbekistan, Vietnam (13 countries in alphabetical order)

3. Host University

Department of Healthcare Administration, Nagoya University Graduate School of Medicine

4. Expected number of students

Approximately 10 students

5. Recruitment and Selection

(1) Recruitment

Recruitment will be conducted through recommending authorities in the respective countries. Please contact the Japanese embassy in your country for further information.

(2) Screening Procedure

- ① First screening by the recommending authorities of each country
- ② Second screening by host university based on application documents
- 3 Third screening through interviews of candidates, conducted by faculty members of host university
- 4 Primary selection based on total scores of the second and third screenings along with comments of interviewers
- ⑤ Final selection by the YLP committee established by MEXT

6. Program Outline (Refer to the appendix "Curriculum Guidelines".)

(1) Basic Concepts

The curriculum is suitable for rearing national leaders in the field of healthcare administration, seeking to take advantage of Japan's experiences of exchange with both Western and Asian countries, and establish a human network through various activities such as special lectures and field study trips/site visits.

(2) Duration and Degree Conferred

Course duration is one year. Master of Science in Health Care Administration is conferred by Nagoya University Graduate School of Medicine.

(3) Medium of instruction

All lectures and academic activities are conducted in English.

7. Commencement of the Program

October 2021

IV Further Information

For further information on Nagoya University's Young Leaders' Program:

http://en.nagoya-u.ac.jp/

https://www.med.nagoya-u.ac.jp/medical_E/laboratory/basic-med/social-science/ylp/

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Should include:

- Your background, important achievements in your applying to the Young Leaders' Program-
- 2. What are the most significant la-
- 3. How will this course
- What exp

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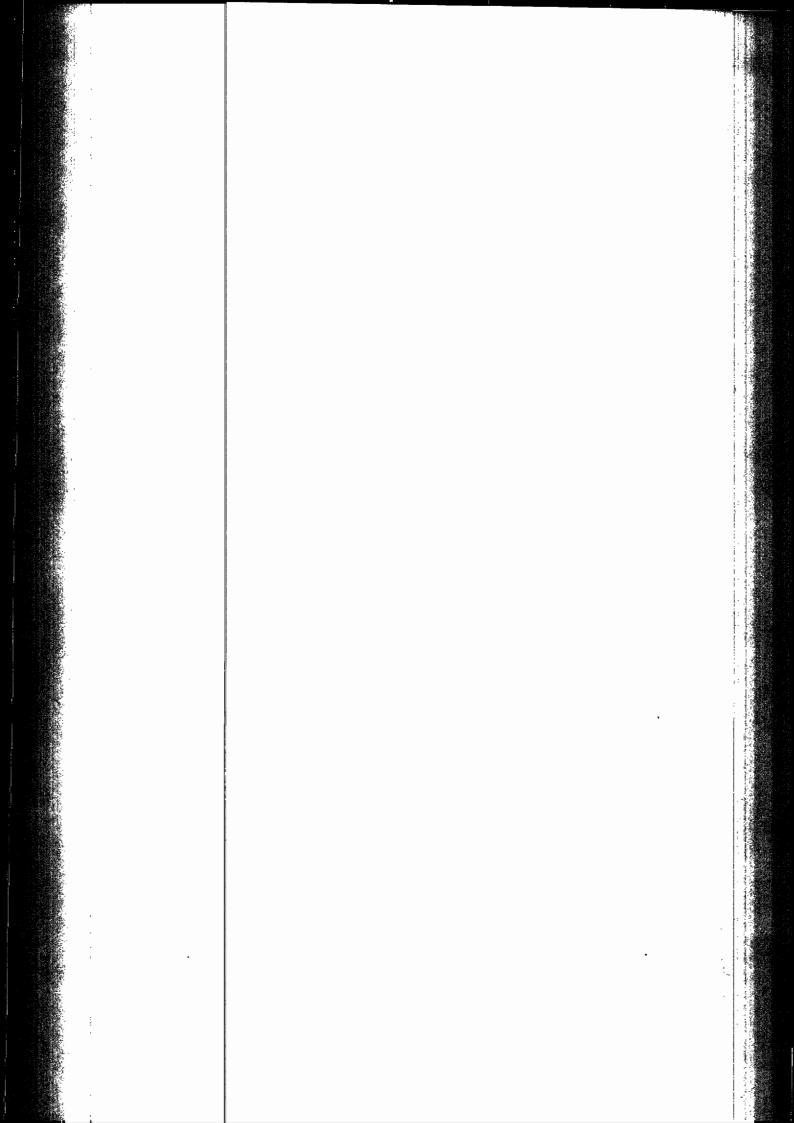
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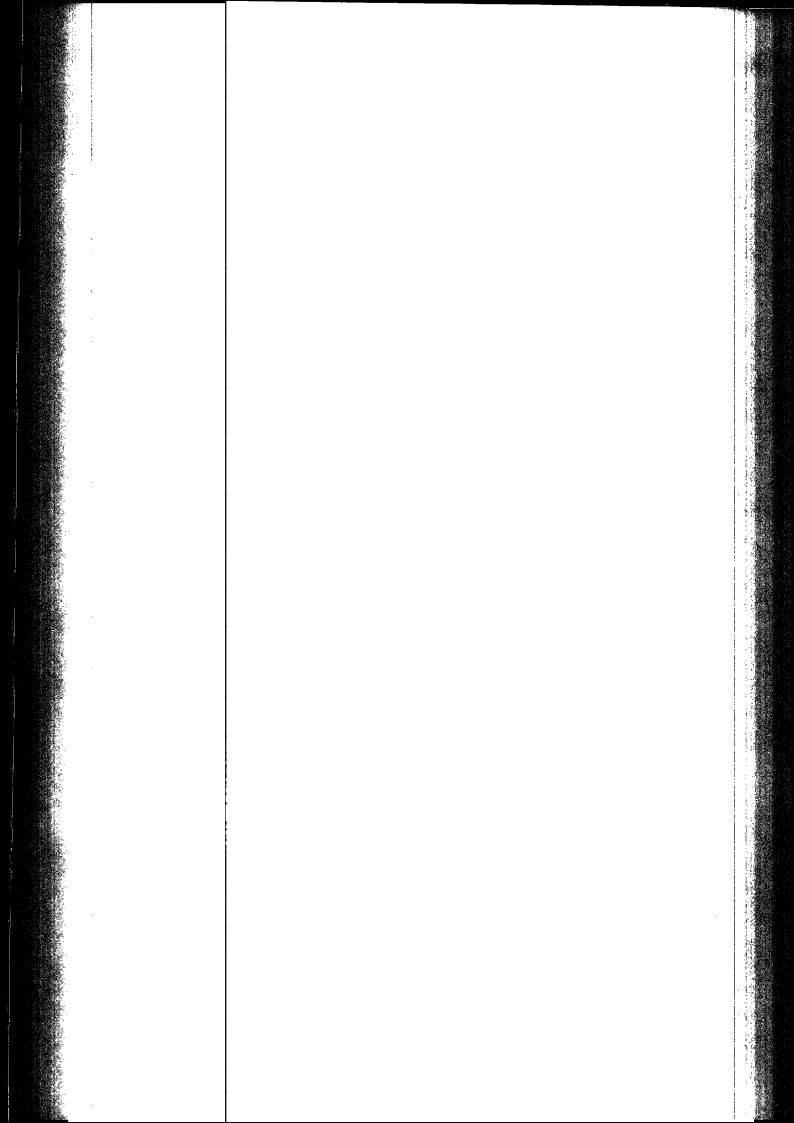
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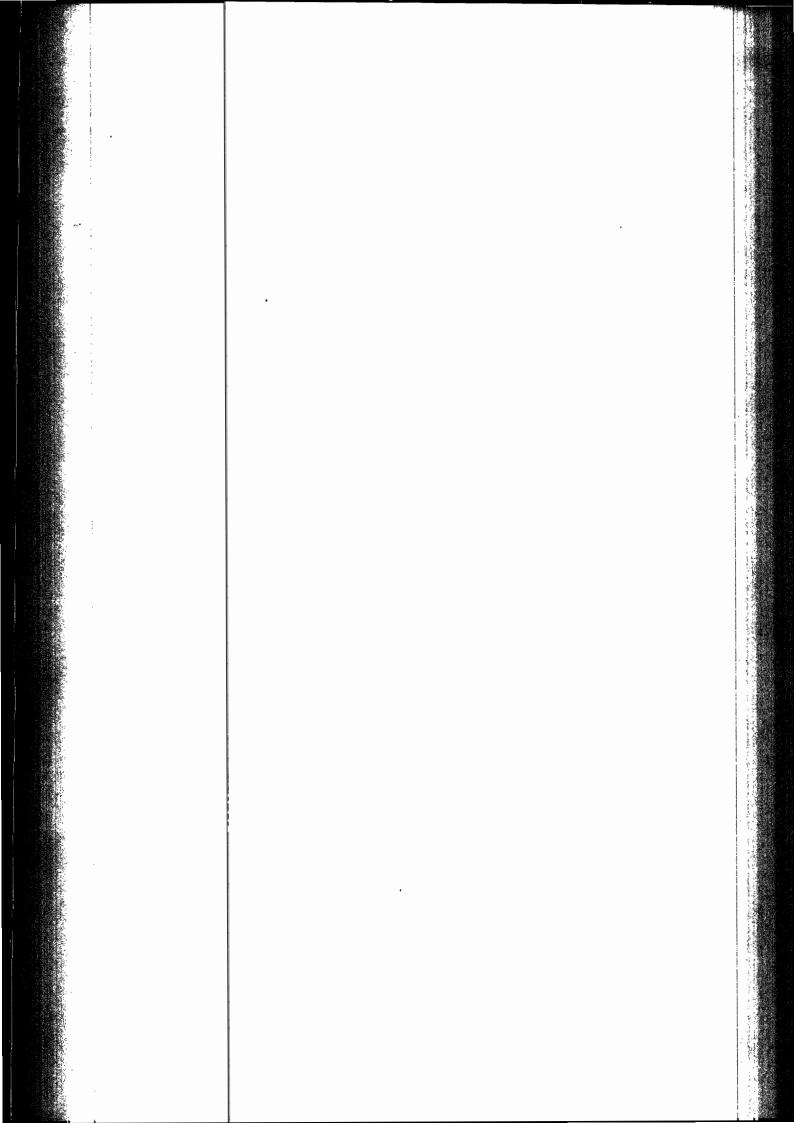
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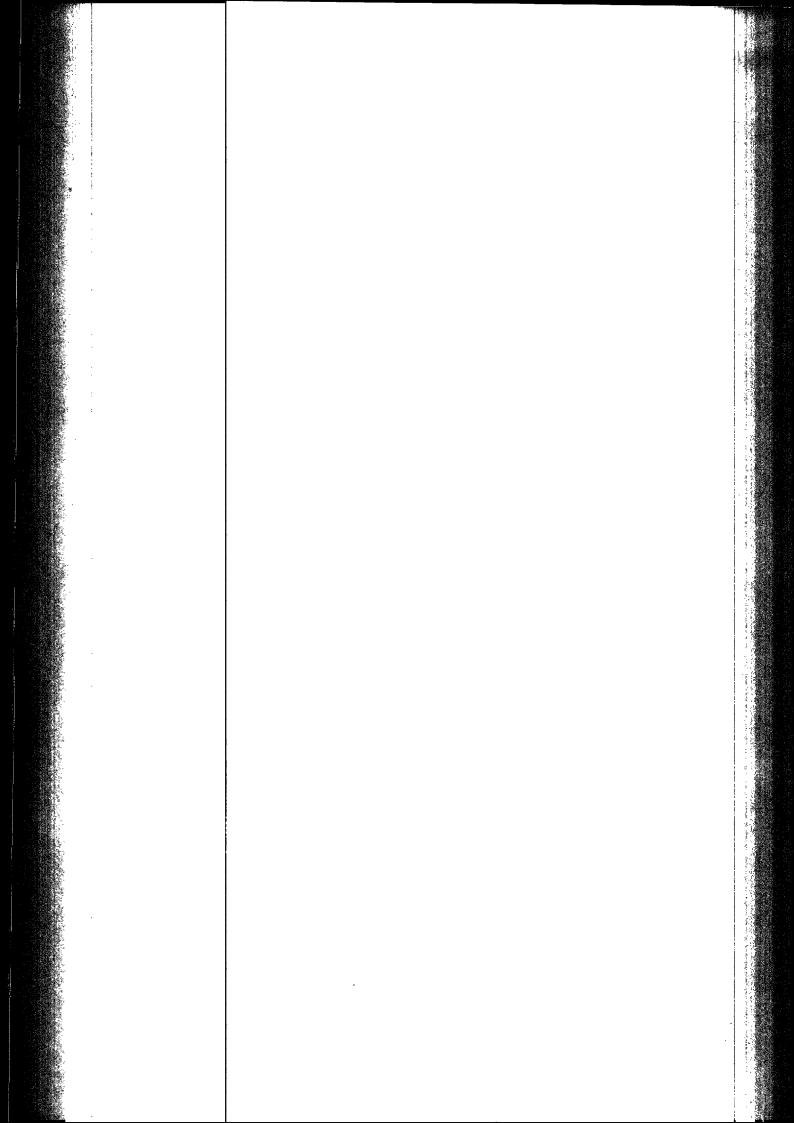
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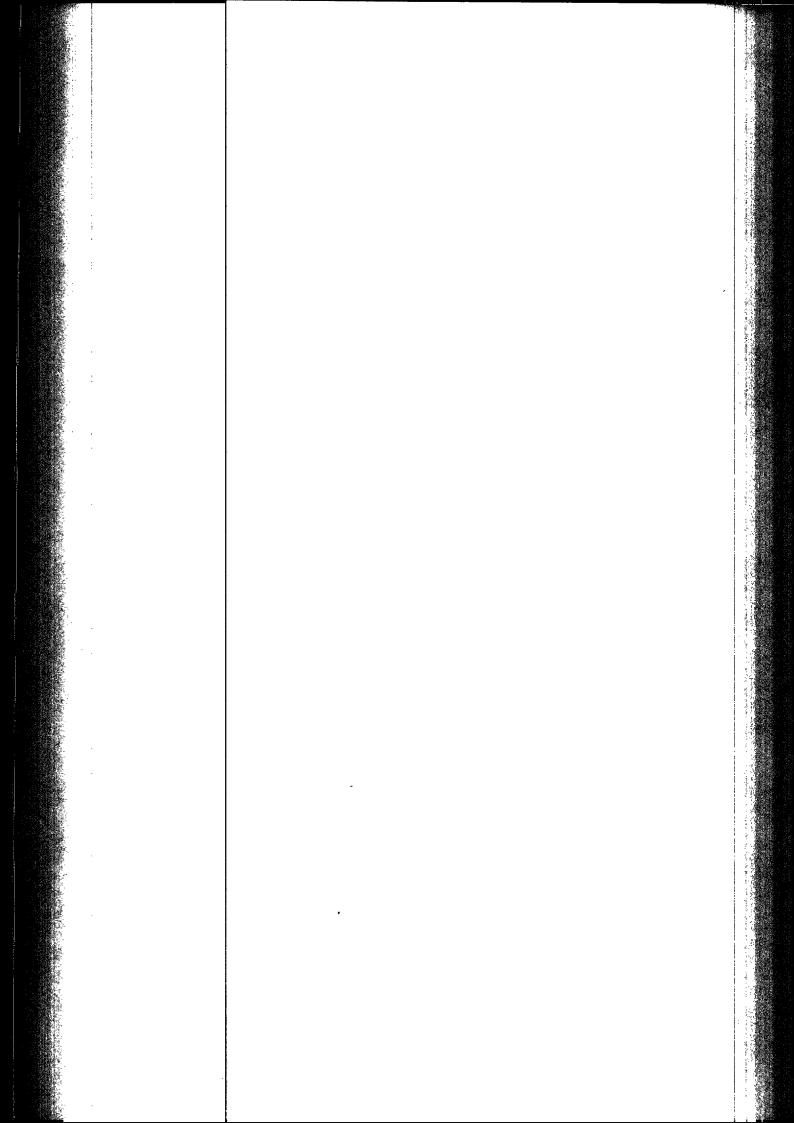
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To the Recomm	ender		
The person whose nan	ne appears above is appl	ying for admission to the	Young Leaders' Program.
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			sealed envelope, with your signature across part of the completed application package.
The Admissions Con acknowledge your help		ne time and care necess	ary to prepare this form. We gratefully
1. How long and in v	what capacity have you	known the applicant?	
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To the Applica	ınt					
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Recommender's Name (Position or Title	please print)		Date _	na n
Recommender's Name (Position or Title Business Address	please print)		Date _	na n
Recommender's Name (Position or Title Business Address	please print)		Date _	na n
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Recommender's Name (Position or Title Business Address	please print)		Date _	THE PARTY NAMED IN COLUMN TO SERVICE AND ADDRESS OF THE PARTY NAMED IN
Recommender's Name (Position or Title Business Address	please print)		Date _	THE PARTY NAMED IN COLUMN TO SERVICE AND ADDRESS OF THE PARTY NAMED IN

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To the Applica	ant		
Please complete on	ly the top portion of this	s form. Your recommender	r should complete the rest of the form.
	I		1
Your Name (Family	y) (Gir	ven)	(Middle)
To the Recom	mender		
The person whose i	name appears above is a	applying for admission to t	he Young Leaders' Program.
-	ect contact with the cane		onery. The Admissions Committee values the se answer the following questions as candidly
	· ·	* *	a sealed envelope, with your signature acros as part of the completed application package.
The Admissions C acknowledge your l		f the time and care nece	essary to prepare this form. We gratefull
1. How long and i	in what capacity have y	ou known the applicant?	
	•	•	
2. How often have	e you observed the appl	icant? (Please tick one box	x)
□every day	□3 or 4 times a wee	k □1 or 2 times a weel	k □1 or 2 times a month
□less than once	e a month		

9. Please write if you	have any comment.
:	
:	
Please provide telephor reference.	ne numbers should the Admissions Committee feel a need to contact you regarding the
	☐ Business Telephone Number
	☐ Home Telephone Number
Recommender's Signatu	re
Recommender's Name (please print) Date
Position or Title	Organization
Business Address	
Home Address	
:	