

(Translation)

[MAHIDOL UNIVERSITY EMBLEM]

Mahidol University Notification

Re: Rule of student allowance disbursement of Mahidol University

B.E. 2559 (A.D. 2016)

Whereas it is appropriate to prescribe the rule of allowance disbursement for student of Mahidol University whom lose ability of any physical fitness caused unable to study continuous, or died while being student of the Mahidol University.

Be it, therefore, under the power in accordance with the statement of Section 34 of Mahidol University Act B.E. 2550 (A.D. 2007), Clause 22.8 and Clause 23 of Mahidol University Notification Re: Rule and procedure of receiving money, retention, withdrawal, disbursement and supervision of disbursement B.E. 2551 (A.D. 2008), and Clause 5 and Clause 2(1) of Mahidol University Notification Re: Accounting management of student affair fund B.E. 2553 (A.D. 2010), the president enacted the rule of allowance disbursement for student of Mahidol University as follows:

1. In these notifications;

“Allowance” means the university payment paid from funds for aiding the student who lose ability of any physical fitness caused unable to study continuous, or died;

“Student” means student who completely paid for the tuition fees of university according to the university notification that prescribed in each semester;

“Funds” means the student affairs funds in accordance with Mahidol University Notification Re: Accounting management of student affairs funds;

“Heir” means the heir at law.

2. These notifications of allowance disbursement shall be effective when student completely paid for health care service to university until the last date that the university prescribed for payment in next academic year.

3. The university shall have disbursed 100,000 Baht (One hundred thousand Baht) for student allowance as the following rules:

(1) To disburse in case of student who lose ability of any physical fitness caused unable to study continuous. If the student cannot to receive the allowance, the heir in accordance with (2) shall be represented to receive the allowance;

(2) To disburse for the heir in case of student died as follows:

- a. Father
- b. Mother
- c. Spouse
- d. Child

The student allowance disbursement according to (2) above shall disburse for the heir who is alive respectively and equally share of allowance. If there is only the heir, that heir shall be entitled to receive total allowance.

In case student does not have the heir according to (2), the allowance shall disburse for guardian who has evidence for take care of student, nurturing, and/or student supporting during to be student of Mahidol University.

4. The student, heir, or guardian, as the case may be, shall apply to receive the allowance from university (through Division of Student Affairs) following the attached form within 1 year from the date which doctor has diagnosed that the student who lose ability of any physical fitness caused unable to study continuous, or from the date of student died.

5. If the heir had willful act induces to student died, that heir shall not be entitled to receive the allowance, and for the benefit of allowance allocation, it shall be regard as no have that heir.

In the event of the guardian who is in accordance with the third paragraph of clause 4 had willful act induces to student dead, that guardian shall not be entitle to receive the allowance.

6. In case of student's death and the university needs to grieve for the family on the death of student, the Division of Student Affairs, on behalf of "Mahidol University" shall provide the wreath (flowers, quilts, or electric appliances), or other things by the amount not exceed to 2,000 Baht (Two thousand Baht).

7. Any student who is exempt the tuition fees accordance with notification of units which including health care service fees, shall not be entitled to receive the allowance according to these notifications.

8. The student allowance disbursement according to these notifications shall disburse from the student affairs funds in accordance with Mahidol University Notification Re: Accounting management of student affairs funds, whereas the president or vice president who mandated from president shall have power to approval.

9. The president or vice president who mandated from president shall use the discretion for carrying on the event of cannot abide by these notifications. The discretion aforesaid is regarded as finally.

These notifications shall come into force from the date of announcement onwards.

Announced on 4th November B.E. 2559 (A.D. 2016)

(Signed) *Banchong Mahaisavariya*

(Prof. Banchong Mahaisavariya, M.D.)

Vice President

Acting President of Mahidol University



Form 1 Kor.

**Application of student allowance receiving
Mahidol University**

Written at:.....

Date:.....

I, (Mr. /Mrs./Ms.).....Age:.....years

Address:.....

.....State/Province:.....Zip:.....

Country:.....Telephone Number:..... I have been

informed and understood Mahidol University Notification Re: Rule of student allowance disbursement of Mahidol University B.E. 2559 (A.D. 2016) clearly, hereby I offer the application to president of Mahidol University as follows;

As I am (Mr. /Mrs. /Ms.)..... student of....., Mahidol University, who completely paid for health care service to Mahidol University in accordance with Mahidol University Notification above. I have ability loss of..... that caused unable to study continuous on (date)....., because of..... detailed in the attached medical opinion.

I am as....., apply this application for student allowance receiving according to Mahidol University Notification Re: Rule of student allowance disbursement of Mahidol University B.E. 2559 (A.D. 2016) as the following list: (check box with “/” symbol)

1. Applying as student, for.....Bath (.....)
2. Applying as the heir according to law or, the legal representative;
- 2.1 Father, for.....Bath (.....)
- 2.2 Mother, for.....Bath (.....)
- 2.3 Spouse, for.....Bath (.....)
- 2.4 Child, for.....Bath (.....)

2.5 Legal Representative, for.....Bath (.....)

3. Applying as the attorney from.....
according to the power of attorney dated..... following
the attached for.....Bath (.....)

The allowance total.....Bath (.....)

I hereby certify that statements above in this application are true and complete. If it appears that I have no right or power to receive the allowance amount.....Bath (.....) whether all or some part. Whether any reason, I agree to reimburse to the university of the allowance that I have no rights or unauthorized to receive with interest of 15% per year from the date of the allowance receiving until the date of completion reimburse.

Signed.....Applicant
(.....)

Signed.....Witness
(.....)

Signed.....Witness
(.....)

- Note: 1. This form shall only use in case of student had ability loss of any physical fitness, if in case student died, the applicant shall use Form 2 Kor.
2. “ Legal representative/Guardian” means father and, or mother legally of minor child, or the guardian who appointed by testament of dead father or mother, or the guardian ad litem.
3. “Heir” means heir at law including, father, mother, spouse and child.



Form 2 Kor.

Application of student allowance receiving
Mahidol University

Written at:.....

Date:.....

Written at:.....

Date:.....

I, (Mr. /Mrs./Ms.).....Age:.....years

Address:.....

State/Province:.....Zip:.....Country:.....

Telephone Number:..... I have been informed and understood Mahidol University Notification Re: Rule of student allowance disbursement of Mahidol University B.E. 2559 (A.D. 2016) clearly, hereby I offer the application to president of Mahidol University as follows;

As (Mr. /Mrs. /Ms.)..... student of....., Mahidol University who completely paid for health care service to Mahidol University in accordance with Mahidol University Notification above. He /She died on (date)....., because of..... which not voluntary happened of the person who is entitled to receive the allowance according to the notification.

I am as....., apply this application for student allowance receiving according to Mahidol University Notification Re: Rule of student allowance disbursement of Mahidol University B.E. 2559 (A.D. 2016) as the following list: (check box with “/” symbol)

1. Applying for the allowance that I am entitled to receive as the heir according to law, or the guardian.

1.1 Father, for.....Bath (.....)

- 1.2 Mother, for.....Bath (.....)
 - 1.3 Spouse, for.....Bath (.....)
 - 1.4 Child, for.....Bath (.....)
 - 1.5 Guardian, for.....Bath (.....)
 - 2. Applying as the legal representative of;
 - 2.1....., for.....Bath (.....)
 - 2.2....., for.....Bath (.....)
 - 3. Applying as the attorney from.....
 according to power of attorney dated.....following the
 attached for.....Bath (.....)
- The allowance total**.....Bath (.....)

I hereby certify that statements above in this application are true and complete. If it appears that I have no rights or power to receive the allowance amount.....Bath (.....) whether all or some part. Whether any reason, I agree to reimburse to university of the allowance that I have no rights or unauthorized to receive with interest of 15% per year from the date of the allowance receiving until the date of completion reimburse.

Signed.....Applicant
 (.....)

Signed.....Witness
 (.....)

Signed.....Witness
 (.....)

- Note: 1. This form shall only use for the case that student died, if in case student had ability loss of any physical fitness, the applicant shall use Form 1 Kor.
2. “Legal representative” means father and, or mother legally of minor child, or the guardian who appointed by testament of dead father or mother, or the guardian ad litem.



Tax stamps
10 Baht

Form 3 Kor.

Reimbursement Certificate

Written at:.....

Date:.....

As (Mr. /Mrs. /Ms.).....applied to receive the student allowance in accordance with Mahidol University Notification Re: Rule of student allowance disbursement of Mahidol University B.E. 2559 (A.D. 2016) which shown as Application of student allowance receiving, Mahidol University, dated.....

I am (Mr. /Mrs. /Ms.).....Age:.....years,
My ID Card No.....Occupation:.....
Address:.....
.....State/Province:.....Zip:.....
Telephone Number:.....My spouse's name:.....
Workplace:.....Telephone Number:.....

I have been informed the statements of Application of student allowance receiving, Mahidol University aforesaid clearly, hereby I make the Reimbursement Certificate to Mahidol University as follows;

1. I hereby certify that....., who has rights or power to receive the student allowance in accordance with Mahidol University Notification Re: Rule of student allowance disbursement of Mahidol University B.E. 2559 (A.D. 2016), according to amount of money that enter into Application of student allowance receiving, Mahidol University, dated.....

2. If it appears that.....has no rights or power to receive the allowance according to amount of money that enter into Application of student allowance receiving, Mahidol University in accordance with Clause 1, whether all or some part and whether any reason, I agree to reimburse amount of money that.....
.....has received from Mahidol University without rights or

unauthorized within the time specified. If I am in default on aforesaid amount of money, whether all or some part, I agree to reimburse with interest of 15% per year to Mahidol University for be in arrears until the date of completion reimburse.

I hereby acknowledge that I have read and understood the statements above, and in witness hereof, I sign my name;

Signed.....Reimbursement Acceptor
(.....)

Signed.....Witness
(.....)

Signed.....Witness
(.....)

I am....., spouse of.....
agree to.....for making this Reimbursement Certificate.

Signed.....Consenter
(.....)

Signed.....Witness
(.....)

Signed.....Witness
(.....)

***Reimbursement Acceptor** shall be a government official level 4 or its equivalent, or an operational level or higher of university staff (filling the post with bachelor degree or higher).



Tax stamps
30 Baht

Power of Attorney

Written at:.....

Date:.....

I, (Mr. /Mrs. /Ms.).....Age:.....years,
holder the identity card No.....Address:.....

.....State/Province:.....Zip:.....

Telephone Number:....., hereby authorized.....

as my representative, with full authority to: (check box with “/” symbol)

1. Be an applicant to apply for receiving the student allowance in accordance with Mahidol University Notification Re: Rule of student allowance disbursement of Mahidol University B.E. 2559 (A.D. 2016), including to amend the statements of Application of student allowance receiving, Mahidol University and relating voluntary statement until completion;

2. Be a payee of the allowance amount.....Bath from Mahidol University.

I hereby ratify and confirm that all acts and things done by..... shall be regarded as having been done and be responsible by me in all respects.

Signed.....Grantor

(.....)

Signed.....Attorney

(.....)

Signed.....Witness

(.....)

Signed.....Witness

(.....)