

IBRO-APRC Associate School on Basic Techniques in Neuroscience - The 2nd Ulaanbaatar School

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September 2nd – 7th, 2019

Application deadline: May 7, 2019 (11:59 p.m. CET)

Instructions

- Please ensure your referee email IDs are correct before submitting your application. They will receive an automated email request for reference letters.
- Please have your referees check their incoming and spam inboxes. In the event the above request is not received, **any further enquiry should come directly from the referee via email to cvictor@ibro.org.**
- It is your responsibility to check with your referees if they have received the reference email request and if they have submitted the form. Due to the high volume of email received by the IBRO Secretariat, we will not reply to individual emails concerning this.
- **Any correction of referee email ID after submission can only be done by re-submitting a new application.**

I hereby confirm I have read ☒ Yes
and acknowledged the
aforementioned instructions.

*

Applicant Details

Full Name *

Ankhbayar	Sugar
First Name	Last Name

E-mail (Give one only) *

Sugar@yahoo.com

Date of Birth *

22

Day

12

Month

1998

Year



Gender *

Female ▼

Nationality *

Mongolia ▼

Profession *

Graduate student

Contact Details



Current Professional Address *

Zorig's street

Street Address

Street Address Line 2

Ulaanbaatar

City

Ulaanbaatar

State / Province

14210

Postal / Zip Code

Education



Current Status *

Graduate ▼

Last Degree Earned *

Medical doctor

Date of last Degree Earned*

17

05

2018



Day

Month

Year

Institution *

Mongolian national universi

City *

Ulaanbaatar

Country *

Mongolia

Research Information (Topic)

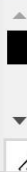


Research Title *

RELATIONSHIP BETWEEN

Research Description *

Healthy well being of human being is the healthy diet and physical activity. In the last few decades due to technical and technological development problems are arising from unhealthy diet, lack of physical activity, stress and other unhealthy lifestyle. In this study we examined the



Research Information (Skills)



Skills (Please list up to six of your research skills) *

2. Survival surgery
3. Epidemiological study
4. Research interpretation
5. Electrophoresis
6. DNA, RNA extractions
6. Western blotting



Supervisor(s)



Please list your current and up to two of your past supervisors. Your current supervisor should also be one of your referees.

Current Supervisor *

Damdindorj

First Name

Boldbaatar

Last Name

E-mail *

damdindorj@mnums.edu.mn

Start date *

17

Day

03

Month

2017

Year



End Date (If known)

Day

Month

Year



Position *

Director

Institution *

Mongolian National Univers

Department *

Graduate School

City *

Ulaanbaatar

Country *

Mongolia

Past Supervisor

First Name

Last Name

E-mail

ex: myname@example.com

Start date Day

Day

Month

Year



End Date (If known)

Day

Month

Year



Position

Institution

Department

City

Country

Publications

List only published papers from the last three years. Kindly follow the format required.

Publication 1

Sugar A, Chijiwa T, Oka T, *et al.* Prior chronic stress induces persistent polyI:C-induced allodynia and depressive-like behavior in rats: Possible involvement of glucocorticoids and microglia. *Physiol Behav.* 2015;147:264-73.

Publication 2

Publication 3

Grants Received

Please list all the grants you have received in the past, especially IBRO Grants.

Grants Received

Research grant - Number A123, Mongolian Foundation for Science and Technology

Grants Received

Grants Received

Neuroscience Schools Attended

Please list Neuroscience Schools/Workshops you have attended in the past, especially IBRO Schools.

Title of School Attended

IBRO-APRC Associate School on Basic Techniques in Neuroscience – The 1st Ulaanbaatar School

Year

2018

City

Ulaanbaatar

Country

Mongolia

Title of your presentation

Prevalence of neurodegenerative disorders in UB city

Referees

Two referees are required, one of whom is your current supervisor. The emails you provide on this form will be used to request the letters of reference. Please ensure that they are correct. Make arrangements in advance that the referees will support your application.

Please note: Requests for reference will be sent out automatically as soon as you submit this form. Please have your referees check their incoming and spam boxes on that date. Please fill out the Referee Email ID with caution. If any error occurs, you will need to submit the entire application again.

Also note that it is your responsibility to check with your referees if they have received the reference form link and if they have submitted the form. In the event the above request is not received, any further enquiry should come directly from the referee via email to cvector@ibro.org. The IBRO Secretariat will not be able to reply to individual emails in regards to this.

Referee Full Name *

Damdindorj

First Name

Bolodbaatar

Last Name

Position *

Professor

E-mail (Give ONE only) *

damdindorj@mnums.edu.mn

Please provide an official email ID (registered with an university or society)

Institution Address *

Mongolian National University of Medical Science

Institution

Zorig's street

Street Address

Ulaanbaatar

City

Sukhbaatar

State / Province

14210

Postal / Zip Code

Mongolia

Country

Referee Full Name *

Enkhsaikhan

First Name

Lkhagvasuren

Last Name

Position *

Senior Lecturer

E-mail (Give ONE only) *

Enkhsaikhan@mnums.edu.mn

Please provide an official email ID (registered with an university or society)

Institution Address *

Mongolian national university of medical science

Institution

Zorig's street

Street Address

Ulaanbaatar

City

Sukhbaatar

State / Province

14210

Postal / Zip Code

Mongolia

Country

Application to School

Abstract Title *

RELATIONSHIP BETWEEN

Justification for attending *

1. Participate in the school for research techniques
2. Gain experience in neuroscientific methods
3. Learn from the international scientists
4. Improve communication skills and discover opportunities to work in an up-to-date lab

Justification for Travel Grant *

Not necessary

Upload Files

Please upload additional documents such as CV, abstract, etc.

(Maximum 1 Mo)

CV required *

No file chosen
[CV.docx](#)

Additional Files

No file chosen

Additional Files

No file chosen

No file chosen

Liability

*

☒ by submitting this application, I hereby agree my application and all information within may be shared with IBRO staff and its committee members for evaluation purposes.

By applying for and attending an IBRO School/Workshop, I hereby agree that I indemnify and hold harmless IBRO, its affiliates and their respective directors, employees and agents (including, without limitation, any agent acting on its behalf) from and against any and all claims, damages, obligations, losses, liabilities, costs or debt and expenses (including reasonable attorneys' fees) resulting from attendance at an IBRO School/Workshop. *

☒ Agree

Submit

Please note that as soon as you press the submit button, you will receive an email giving you the link where you can edit your application until the deadline. Make sure to check your spam box if you do not find it in your inbox.