



UNIVERSITAS INDONESIA  
FAKULTAS KEDOKTERAN

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NOTA DINAS

Nomor : ND- 9868 /UN2.F1.D1.4/PPM.00.00/2023

Yth. : Para Peneliti FKUI  
Dari : Manajer Riset dan Pengabdian Masyarakat  
Perihal : Pendaftaran Program *BGI Undergraduate Innovative Class 2024*

Berdasarkan surat dari Kepala *Center for Independent Learning* Universitas Indonesia Nomor: ND-297/UN2.CIL/PDP.03.00/2023, sehubungan dengan kerja sama yang terjalin antara Universitas Indonesia dan BGI College, bersama ini kami sampaikan bahwa pendaftaran program *BGI Undergraduate Innovative Class 2024* dapat dilakukan melalui ILISt dengan menggunakan akun SSO mahasiswa/i dengan batas waktu pendaftaran hingga **12 Januari 2024**. Untuk persyaratan dan berkas pendaftaran program dapat disimak lebih lanjut pada <https://genomics.zhiye.com/custom/51fc5c5c-3274-6d28-a02a-cb414dcc14ae> dan brosur terlampir.

Demikian informasi ini kami sampaikan, Atas perhatian dan kerjasama yang baik, kami ucapkan terima kasih.

29 DEC 2023

Manajer Riset dan Pengabdian Masyarakat,



*[Signature]*  
Dr. dr. Rahyussalim, Sp.OT(K)  
NUP 0108050351



NOTA DINAS

Nomor: ND-297/UN2.CIL/PDP.03.00/2023

- Yth. : 1. Wakil Dekan Bidang Pendidikan, Penelitian dan Kemahasiswaan Fakultas Matematika dan Ilmu Pengetahuan Alam  
2. Wakil Dekan Bidang Pendidikan, Penelitian dan Kemahasiswaan Fakultas Teknik  
3. Wakil Dekan Bidang Pendidikan, Penelitian dan Kemahasiswaan Fakultas Farmasi  
4. Wakil Dekan Bidang Pendidikan, Penelitian dan Kemahasiswaan Fakultas Kesehatan Masyarakat  
5. Wakil Dekan Bidang Pendidikan, Penelitian dan Kemahasiswaan Fakultas Kedokteran  
6. Wakil Dekan Bidang Pendidikan, Penelitian dan Kemahasiswaan Fakultas Ilmu Komputer

Dari : Kepala *Center for Independent Learning*

Perihal : Pendaftaran Program BGI Undergraduate Innovative Class 2024

Sehubungan dengan kerja sama yang terjalin antara Universitas Indonesia dan BGI College, bersama ini kami sampaikan bahwa pendaftaran program BGI Undergraduate Innovative Class 2024 dapat dilakukan melalui ILISt dengan menggunakan akun SSO mahasiswa/i dengan batas waktu pendaftaran hingga 12 Januari 2024. Persyaratan dan berkas pendaftaran program dapat disimak lebih lanjut pada <https://genomics.zhiye.com/custom/51fc5c5c-3274-6d28-a02a-cb414dcc14ae> dan brosur terlampir.

Atas perhatian dan kerja sama yang baik, diucapkan terima kasih.

27 Desember 2023

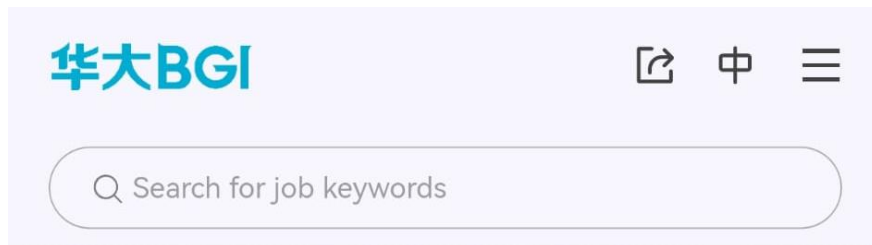
Kepala *Center for Independent Learning*,



Sudah ditandatangani  
secara elektronik oleh:

F. Astha Ekadiyanto, S.T., M.Sc  
NIP 197210041997021002

## Persyaratan Program BGI Undergraduate Innovative Class 2024



### Application Materials

**1. Curriculum Vitae**

**2. Study Certificate**

\*Any official document stating the dates of your enrollment and graduation (eg. student card, degree certificate, etc.)

**3. Literature Reading Questionnaire/Research Proposal**

\* To be eligible for scholarships, fellowships, or any other financial support that BGI offers, you need to submit a Literature Reading Questionnaire/Research Proposal

\* Literature Reading Questionnaires are required for undergraduates and coursework masters; research proposal are required for research masters, doctoral and post-doctoral candidates.

\* Please click the link to download the formats of Literature Reading Questionnaire and Research Proposal: [https://drive.google.com/drive/folders/1ZWdWWTI9J\\_x5STZguoRN5KIfJPXMokfs?usp=sharing](https://drive.google.com/drive/folders/1ZWdWWTI9J_x5STZguoRN5KIfJPXMokfs?usp=sharing)

**4. Academic Transcript** (not required for post-doctoral candidates)

**5. The Proof of English Language Proficiency** (not required for native speakers)

**6. Other Supporting Documents** (if any)

Note: All application materials should be submitted directly via our online application portal.



BGI • College



# BGI UNDERGRADUATE INNOVATIVE CLASS

2024

*40+ Targeted Universities*

*200+ Slots for Admissions*

## Field of Study

Science/Engineering/Agriculture/Medicine

## Admissions Institute

- Institute of Precision Health
- Institute of Digital Earth
- Institute of Super Cell
- Institute of Biointelligence Technology
- Institute of Biochemistry
- Sequencer Product Development Center

## Contact Us

Coordinator: Ms. SONG Xiangyu  
Administration Office: BGI College  
International Admissions  
OfficeEmail: [songxiangyu@genomics.cn](mailto:songxiangyu@genomics.cn)



SCAN QR CODE  
TO REGISTER

## Joint Cultivation Program Application Form

Name		Gender		Nationality	
Date of Birth		Place of Birth		Place of Residence	
Mobile Phone No.			E-mail Address		
ID Type			ID No.		
<b>Intended Level of Program</b>	<input type="checkbox"/> Joint Undergraduate Program <input type="checkbox"/> Joint Postgraduate Program <input type="checkbox"/> Joint Postdoctoral Program				
<b>Intended Research Orientation</b>					
<b>Intended Project</b>					
<b>Intended Supervisor</b>					
English Certificate and Score	(e.g., CET6, IELTS, TOEFL)				
Awards (Date, place and reason for award)					
Academic research experience and achievements					
Other skills or certificates (e.g., computer skills)					
<b>Information of Referee (Please provide the information of at least two referees)</b>					

Name	Institute or Organization	Job Title	Email Address
<b>Education Experience (from undergraduate)</b>			
Date	University	Major	Degree
From mm/yyyy to mm/yyyy			
<b>Employment Experience</b>			
Date	Employer (Institute or Company)	Position	
From mm/yyyy to mm/yyyy			
<b>Motivation Letter (Additional pages can be attached)</b>			
<ul style="list-style-type: none"> <li>● <b>Brief introduction of yourself</b></li> <li>● <b>Why do you want to apply for the joint cultivation program and choose the intended research direction?</b></li> <li>● <b>Your future career plan</b>  Plan after graduation: <input type="checkbox"/> Education    <input type="checkbox"/> Work  Intended Institute: <input type="checkbox"/> BGI    <input type="checkbox"/> Other institutes (Please specify____)    <input type="checkbox"/> Not decided yet </li> </ul>			

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**I hereby declare that the above information and all application documents provided are true and valid, and I understand that any misrepresentation in the form or documents will result in disqualification of my application.**

Signature:            Date:

**(Opinions from University or Department/Faculty)  Approved     Not Approved**

Signature:            Title:                    Date:

**(Opinions from Selection Committee)  Approved     Not Approved**

Signature:            Title:                    Date: