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| ITU | Annex 2  FELLOWSHIP FORM  ITU IDA Executive Training Program: “Enabling Frameworks for ICT Development – The Singapore Experience”, 25-29 August 2014, Singapore | | | | | ITU | |
| Please return to: | | | **Planning, Budget and Administration (PBA) ITU/BDT**  **Geneva (Switzerland)** | | **Email: bdtfellowships@itu.int**  **Tel: +41 22 730 5487/5095**  **Fax: +41 22 730 5778** | | |
| **Request for a fellowship to be submitted before 18th July 2014** | | | | | | | |
|  | | | | Participation of women is encouraged | |  | |
|  | | | | | | | |
| **Country**  **Name of the Administration or Organization**  **Mr. / Ms.**  **. (given name) (family name)**  **Title \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_** | | | | | | | |
| **Address \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**  **\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**  **Tel.: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Fax \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**  **E-mail \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**  **PASSPORT INFORMATION :**    **Date of birth \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**    **Nationality Passport number**      **Date of issue In (place) Valid until (date) \_\_\_\_\_\_\_\_\_\_\_\_\_\_** | | | | | | | |
| **CONDITIONS** | | | | | | | | |
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| **1. A daily allowance to cover accommodation, meals and incidental expenses.** | | | | | | | | |
| **2. Imperative that fellows be present from first day till the end of the event.** | | | | | | | | |
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| **Signature of fellowship candidate Date** | | | | | | |
| **TO VALIDATE FELLOWSHIP REQUEST, NAME AND SIGNATURE OF CERTIFYING OFFICIAL DESIGNATING PARTICIPANT MUST BE COMPLETED BELOW WITH OFFICIAL STAMP*.***    **Signature:**\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**Date:**\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ | | | | | | |