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| **ANNEX 2**   |  |  |  |  |  | | --- | --- | --- | --- | --- | | Certificados | | **Workshop on “ICT Indicators and Measurements for Africa (English Speaking)”**  **Addis Ababa, Ethiopia, 27-30 October 2015**  **Fellowship Request Form** | |  | | **Please return to:** | **Fellowships Service ITU/BDT Geneva (Switzerland)** | | **E-mail:** [**bdtfellowships@itu.int**](mailto:bdtfellowships@itu.int) **Tel: +41 22 730 5227 Fax: +41 22 730 5778** | | | **Request for a fellowship to be submitted before 9th October 2015** | | | | | | **Participation of women is encouraged** | | | | | | Country:  ……………………………………………………………….………..……………………………………………………………..………………………..  Name of the Administration or Organization: ………...……………….…..………………………………………………..………………………  Mr / Ms: ……………….………………………………….……………………………………………………………….…………………………………………….  (family name) (given name)  Title: ………………………………………………………………………………………………………..……..…………………………….……………………………  Address: …………………………………………………………………………………………………………………………………………………………………….  ………………………………………………………..………………………………………………………………………………………………………………………….  Tel: …………………………………………………………………….……. Fax: ………………………………………………………………..…….………...  E-Mail: …...………………………………………………………………………………………………………………………………………………………………….  PASSPORT INFORMATION:  Date of birth: ………………………………………………………. Nationality: ………………………………………………………….……………………  Passport Number: ……………………………………….……… Date issued: ………………………………………………..……...….………..………  In (place): ………………………………………….………….…..… Valid until (date): ………….……………………………...…………………………. | | | | | | CONDITIONS   1. **One full** fellowship per eligible country**.** 2. It is imperative that fellows be present for the entire duration of their fellowship. | | | | | | 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: …………………………………………….. | | | | | |