|  |  |  |  |  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| **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 ServiceITU/BDTGeneva (Switzerland)** | **E-mail:** **bdtfellowships@itu.int** **Tel: +41 22 730 5227Fax: +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: …………………………………………….. |

 |