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| **Oficina de Normalizaciónde las Telecomunicaciones** | **Description: logo_S_** |
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 Ginebra, 25 de noviembre de 2011

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| Ref.: | **Corrigéndum 1 a la****Carta Colectiva TSB 7/17** |  |
| Tel.:Fax:Correo-e: | +41 22 730 5866+41 22 730 5853tsbsg17@itu.int | A las Administraciones de los Estados Miembros de la Unión, a los Miembros del Sector UIT‑T, a los Asociados y a las Instituciones Académicas del UIT-T que participan en los trabajos de la Comisión de Estudio 17 |

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| Asunto: | **Reunión de la Comisión de Estudio 17Ginebra, 20 de febrero – 2 de marzo de 2012** |

Muy Señor mío/Muy Señora mía:

Sírvase observar que el párrafo 12 de la Carta Colectiva TSB 7/17 se ha cambiado en los siguientes términos:

12) Tenemos el placer de comunicarle que se concederán becas plenas sobre la base de los fondos disponibles con objeto de facilitar la participación de [los países menos adelantados y los países en desarrollo con bajos ingresos](http://www.itu.int/en/ITU-T/info/Pages/resources.aspx). La solicitud deberá ser autorizada por la Administración correspondiente del Estado Miembro de la UIT y se limitará a una persona por país. El formulario de solicitud de beca, que se adjunta como **Anexo**, deberá obrar en poder de la UIT a más tardar el 20 de enero de 2012.

Atentamente.

Malcolm Johnson
Director de la Oficina de Normalización
de las Telecomunicaciones

**Anexo: 1 (Anexo 4 corregido de la Carta Colectiva TSB 7/17)**

 ANNEX
(to Corrigendum 1 to TSB Collective letter 7/17)

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|  | **ITU-T Study Group 17 meeting****Geneva, Switzerland, 20 February-2 March 2012** |  |
| **Please return to:** | **ITU** **Geneva (Switzerland)** | **E-mail :** **bdtfellowships@itu.int** **Tel: +41 22 730 5487**  **Fax: +41 22 730 5778** |
| **Request for one full fellowship or two partial fellowships to be submitted before 20 January 2012** |
|  | Participation of women is encouraged |  |
| Registration Confirmation I.D. No: ……………………………………………………………………………(Note: It is imperative for fellowship holders to pre-register via the on-line registration form at: <http://itu.int/ITU-T/studygroups/com17/index.asp>)**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 of issue: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ In (place) : \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_Valid until (date): \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_** |
| **Please select your preference**  |
| 1. **□** One full fellowship     or **□ t**wo partial fellowships (per eligible country)
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| 1. In case of two partial fellowships, chose one of the following:
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|  **□ Economy class air ticket (duty station / Geneva / duty station).** **□ Daily subsistence allowance intended to cover accommodation, meals & misc. expenses.** |
| **Signature of fellowship candidate:** | **Date:** |
| **TO VALIDATE FELLOWSHIP REQUEST, NAME, TITLE AND SIGNATURE OF CERTIFYING OFFICIAL DESIGNATING PARTICIPANT MUST BE COMPLETED BELOW WITH OFFICIAL STAMP.****N.B. IT IS IMPERATIVE THAT FELLOWS BE PRESENT FROM THE FIRST DAY TO THE END OF THE MEETING.** |
| **Signature** | **Date** |