TU	Expert Level Training or Regulation for Br St Kitts and Nevis, 7-2	oadband
Please return to:	Administration Division (ADM) ITU/BDT Geneva (Switzerland)	E-mail : <u>bdtfellowships@itu.ir</u> Tel: +41 22 730 5487 / 509 Fax: +41 22 730 577
Reque	st for a fellowship to be submit	ted as soon as possible
	Participation of women is en	couraged
Country		
Name of the Administration	or Organization	
Mr. / Ms(fai	nily name)	(given name)
Title		
Address		
Tel.:	Fax	
e-mail		
PASSPORT INFORMATIO	N :	
Date of birth		_
Nationality	P.	assport number
Date of issue	In (place)	Valid until (date)
must be a least developed 2. A daily allowance to co	able per Administration. Applicants must be d country or a developing country, with a per ver accommodation, meals and incidental ex be present during the whole meeting	•
Signature of fellowship cand	idate	Date
	WSHIP REQUEST, NAME AND SIGNATU CIPANT MUST BE COMPLETED BELOW	
Signature:	Date:	