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| C:\Users\comas\AppData\Local\Temp\Rar$DRa0.735\jpg\ITU official logo_blue_RGB.jpg | **ITU Regional Workshop on “Strengthening Capacities in International Internet Governance for the Arab Region”**  **Manama-Kingdom of Bahrain, 1-3 October 2019** | | | | |
| **Please return to:** | | | **Support Services Division (SUP) ITU/BDT**  **Geneva (Switzerland)**  **Copy to: Arab Regional Office** | | **E-mail : fellowships@itu.int**  **Tel: +41 22 730 5487 / 5227**  **Fax: +41 22 730 5778**  **Email :** [mustafa-ahmed.al-mahdi@itu.int](mailto:mustafa-ahmed.al-mahdi@itu.int) **and** [Rania-Refaat.Danial@itu.int](mailto:Rania-Refaat.Danial@itu.int) | |
| **Request for a PARTIAL fellowship to be submitted by 10 Sept. 2019** | | | | | |
|  | | | | 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 of issue In (place) Valid until (date)** | | | | | | | | |
| **CONDITIONS** | | | | | | | | |
| **1. One Partial fellowship per eligible country.** | | | | | | | | |
| **2. A daily allowance to cover accommodation, meals and incidental expenses.** | | | | | | | | |
| **3. Imperative that fellows be present the whole period of the event.** | | | | | | | | |
|  | | | | | | | | |
| **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:**\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ | | | | | | | | |