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|  | **ITU Fellowship Application Form**Participation of women is encouraged |  |
| Please return to: | **Planning, Budget and Administration (PBA)ITU/BDT Geneva (Switzerland)** | **E-mail:** **bdtfellowships@itu.int** |
|  | **Copy to : ITU Regional Office for Asia and the Pacific** | **E-mail :** **wisit****.atipayakoon@itu.int** |
| **Request for a fellowship to be submitted before 11th April 2016** |
| **Fellowship Request for** (must be answered and multiple selections allowed)**:**[ ]  The 2nd Asia-Pacific Spectrum Management Conference, 25-26 April 2016[ ]  Asia-Pacific Digital Societies Policy Forum 2016, 27-28 April 2016**Note:** ITU reserves the right to provide fellowship to the most appropriate candidate who is in charge of subject matters of the forum(s) only. |
| **Country:** Click here to enter text.**Name of the Administration or Organization:** Click here to enter text.[ ]  **Mr.** [ ]  **Ms. (Given name)** Click here to enter text. **(Family name)** Click here to enter text.**Job Title:** Click here to enter text.**Address:** Click here to enter text.**Tel:** Click here to enter text. **Fax:** Click here to enter text. **Mobile:** Click here to enter text.**Email:**  Click here to enter text.**Passport Information:****Date of Birth:** Click here to enter text. **Nationality:** Click here to enter text.**Passport No:** Click here to enter text.**Date of Issue:** Click here to enter text.**In (place):** Click here to enter text. **Valid until (date):** Click here to enter text.**Your duty/responsibility as relevant to subject matters of the forum(s):**Click here to enter text. |
| **CONDITIONS:**1. For full fellowship, it covers one round-trip economy class airticket by the most direct/economical route, daily allowance covering accommodation, meals and incidental expenses.
2. For partial fellowship, it covers hotel accommodation and/or daily allowance.
3. Imperative that fellows be present from first day till the end of both the events.
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| **Signature of fellowship candidate:** **Date:** Click here to enter text. |
| TO VALIDATE FELLOWSHIP REQUEST, NAME AND SIGNATURE OF CERTIFYING OFFICIAL DESIGNATING PARTICIPANT MUST BE COMPLETED BELOW WITH OFFICIAL STAMP.Signature: Date:  |