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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**](mailto:bdtfellowships@itu.int) | |
|  | | **Copy to : ITU Regional Office for Asia and the Pacific** | **E-mail :** [**wisit**](mailto: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. | | | | |
| **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: | | | | |