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|  | **ANNEX 3**  **ITU-PTA Asia-Pacific Regulators’ Roundtable**  **&**  **ITU-PTA International Training Program**  **18 – 22 July 2016**  **Islamabad, Pakistan** | | | | |  |
| Please return to: | | | **Fellowships / Planning, Budget and Administration (ADM) - ITU/BDT**  **Geneva (Switzerland)** | | **E-mail: bdtfellowships@itu.int**  **Tel : +41 22 730 5487 / 5095**  **Fax : +41 22 730 5778**  **Copy to : porntip.modethes@itu.int** | | |
| **Request for a fellowship to be submitted before 15th June 2016** | | | | | | |
|  | | | | Participation of women is encouraged | |  | |
|  | | | | | | |
| **Country**  **Name of the Administration or Organization**  **Mr. / Ms.**  **. (given name) (family 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 full fellowship per eligible country, subject to available budget.** 2. **One return economy class air ticket by the most direct/economical route.** 3. **A daily subsistence allowance to cover accommodation, meals and incidental expense.** 4. **Imperative that fellows be present from first day to end of the Forum and Meeting.** | | | | | | |
|  | | | | | | |
| **Signature of fellowship candidate Date** | | | | | | |
| **TO VALIDATE FELLOWSHIP REQUEST, NAME AND SIGNATURE OF CERTIFYING OFFICIAL DESIGNATING PARTICIPANT MUST BE COMPLETED BELOW WITH OFFICIALSTAMP*.***    **Signature:**\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**Date:**\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ | | | | | | |