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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 |  |
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| **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.**
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| **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:**\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |