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|  | **ITU Fellowship Application Form**  **ITU/PITA Capacity Development Workshop on  Number Misappropriation and Telecom Fraud**  **11-13 April 2018, Fiji**  **&**  **PITA Mobile Roaming Workshop (9-10 Apr 2018)**  Participation of women is encouraged | | |  |
| Please return to: | | **Support Services Division ITU/BDT**  **Geneva (Switzerland)** | **E-mail :** [**fellowships@itu.int**](mailto:fellowships@itu.int)  **Tel: +41 22 730 5487/5227**  **Fax: +41 22 730 5778** | |
|  | | **Copy to: ITU Regional Office for Asia and the Pacific** | **E-mail :** [wisit.atipayakoon@itu.int](mailto:wisit.atipayakoon@itu.int)  and : [tanitta.virayavanich@itu.int](mailto:tanitta.virayavanich@itu.int) | |
| **Request for a fellowship to be submitted before 23 March 2018** | | | | |
| **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 events:**  Click here to enter text. | | | | |
| **CONDITIONS:**   1. Partial fellowship covers one round-trip economy class airticket by the most direct/economical route **Or** daily allowance covering accommodation, meals and incidental expenses. 2. Imperative that fellows be present from first day till the end of the event. | | | | |
| **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: | | | | |