|  | | | **ITU Regional Workshop “Broadband Development based on 4G and 5G Technologies“ and 2nd Annual CIS and CEE Spectrum Management Conference**  Almaty, Kazakhstan, 17-20 September 2018  **Региональный семинар МСЭ «Развитие ШПД с применением технологий 4G и 5G» и 2-ая ежегодная Конференция по управлению спектром для стран СНГ и ЦВЕ**  Алматы, Казахстан, 17-20 сентября 2018 | | | |  |
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| **Please return to/Просьба направить по email:** | | | **Support Services Division (SUP) ITU/BDT**  **Geneva (Switzerland)** | **Email:** [**fellowships@itu.int**](mailto:fellowships@itu.int)  **Fax: +41 22 730 5778** | | | |
| **Request for a fellowship to be submitted by 20 August 2018**  **Запрос на стипендию необходимо направить до 20 августа 2018** | | | | | | |
|  | | | **Participation of women is encouraged**  **Участие женщин приветствуется** | |  | | |
| **Country/Страна: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**  **Name of the Administration or Organization/Название Администрации или организации: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**  **Mr. Г-н/ Ms. Г-жа \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**  **(family name/фамилия) (given name/имя)**    **Title/Должность: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_** | | | | | | | |
| **Address/Адрес: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**  **\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**  **Tel./Тел.: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Fax/Факс: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**  **E-mail: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**  **ПАСПОРТНЫЕ ДАННЫЕ:**    **Date of birth/Дата рождения: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**  **Nationality/Гражданство: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Passport number/Номер паспорта: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**    **Date of issue/Дата выдачи: \_\_\_\_\_\_\_\_\_\_\_\_\_\_ In (place)/Место: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**  **Valid until (date)/Срок действия: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_** | | | | | | | |
| **CONDITIONS/УСЛОВИЯ** | | | | | | | |
| **1. One full or two partial fellowships per country/Одна полная или две частичных стипендии на страну** | | | | | | | |
| **2. One return ECO class airticket by the most direct/economical route/Билет на самолет эконом классом по оптимальному маршруту** | | | | | | | |
| **3. A daily subsistence allowance to cover accommodation, meals and incidental expenses in Almaty/Суточные для покрытия расходов на проживание и питание в Алматы** | | | | | | | |
| **4. Imperative that fellows be present from the first day and participate during the entire duration of the workshop and the conference/Получателям стипендии необходимо каждый день принимать участие в работе семинара и конференции** | | | | | | | |
|  | | | | | | | |
| **Signature of fellowship candidate/Подпись кандидата: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date/Дата: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_** | | | | | | | |
| **TO VALIDATE FELLOWSHIP REQUEST, NAME AND SIGNATURE OF CERTIFYING OFFICIAL DESIGNATING PARTICIPANT MUST BE COMPLETED BELOW WITH OFFICIAL STAMP*/*ЗАПРОС НА ПОЛУЧЕНИЕ СТИПЕНДИИ ДОЛЖЕН БЫТЬ ЗАВЕРЕН ОФИЦИАЛЬНЫМ ПРЕДСТАВИТЕЛЕМ АДМИНИСТРАЦИИ/ОРГАНИЗАЦИИ**  **Signature/Подпись:** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ **Date/Дата:** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ | | | | | | | |