

ITU Fellowship Application Form Full (or 2 partial) Fellowship – Funded by MIIT China

This form serves as your application for a fellowship to support your participation in:

ITU Regional Radiocommunication Seminar 2025 for Asia and Pacific (RRS-25-Asia&Pacific) followed by

ITU Workshop on Modern Spectrum Management 2025 for Region 3 (WS-MSS-25-R3)

Chengdu, China 20-29 October 2025

Fellowship type: One full or two partials. Other costs will not be covered as part of the fellowship award.

Registration prior to submitting the fellowship request is mandatory. Please note that **fellowships will be offered to participants registered and attending both events.**

Deadline for application: 7 September 2025 (23:59 hours, Geneva, Switzerland). Any application received after this deadline will not be considered.

Selection Criteria

- Refer to the corresponding invitation letter for further information on the selection criteria.
- **Highest-ranking officials** (Head of State, Head of Government, Minister, Vice-Minister, Secretary of State or equivalent, high-ranking diplomats) shall <u>not</u> be considered for fellowships.

How to fill out this form

- All questions marked with * are mandatory.
- Please print all pages of this form and complete the signature sections.

How to submit this signed form (and any relevant documents)

- Email: fellowships@itu.int or Fax: +41 22 730 57 78

ITU will only consider requests that meet all the above requirements



Conditions – Full fellowship (one per eligible country)

Other costs will not be class tick direct/ec		(1) return economy and eket by the most conomical route from the of origin to the activity		and		
OR		1				
Con	ditions – Partial fello	owship (tw	o per eligible	country))	
selection between the following 2 options*		1) return economy or et by the most onomical route from the f origin to the activity		or	□ subsistence allowance to cover accommodation, meals and incidental expenses	
	onal Information					
2.	Country *					
3.	Name of Administrat	tion *				
4.	Gender *		☐ Female☐ Male☐ Prefer not to say			
5.	Email address *					
6.	Phone number *					
Pleas	sport Information se complete this section I to the activity venue. Family/Last Name *	ı based on t	he passport that	will be us	sed to	apply for visa and, if selected, to
8.	Middle Name					
9.	First/Given Name *					
10.	Date of Birth (DD/MM/YYYY) *					
11.	Place of Birth (City, Country) *					
	Nationality *					
13.	Passport Number *					
14.	Passport Date of Issue (DD/MM/ YYYY) *					
15.	Passport Date of Expiry (DD/MM/YYYY) *					
16.	Passport Place of Issue/Issuing Authority *					



Education and Work Experience

17. Job title *	
18. Highest level of	☐ Doctorate Degree of Post Doctorate studies
education completed *	☐ 2nd University Degree (Master or equivalent)
	☐ 1st University Degree (Bachelor or equivalent)
	☐ Technical Diploma (or equivalent)
	☐ High school diploma
	☐ Other
40 Field of Childian *	
19. Field of Studies *	
20. Number of years of	☐ 1-5 years
relevant work experience *	The state of the s
Tolovani Work oxponence	☐ 6-10 years
	☐ 11-15 years+16-20 years
	☐ More than 20 years
21. Briefly describe your	
current work functions *	
(provide separate documents	
or CV as necessary)	
00 D	
22. Describe your experience	
in relation to the activity *	
(provide separate documents	
or CV as necessary)	
23. Upon return to your	
country, how will you make	
use of the knowledge	
acquired during the activity *	
(provide separate documents	
or CV as necessary)	
, ,	



Additional Information

24. Have you already benefited from fellowship(s) during the current year? *	□ No	☐ Yes - Provide the activity name(s)/year(s):			
25. Describe any accessibility or specific needs you may have (optional)					
Conditions and Applic	ant Signatur	e			
In signing and submitting this form, I certify that I have read the following conditions and accept them in their entirety. *	Please agree to all conditions. □ I hereby certify that the statements in this application are true and complete * □ If selected for a fellowship, I undertake to attend the entire event * □ If selected for a fellowship, I undertake to inform ITU whenever there are changes in my availability that will affect the terms of my ITU award *				
Applicant Signature *	Date (DD/MM/Y	YYY)*:			
National Designated F This application shall be d officer from the Administra	uly signed and	authorized by the national designated focal point and/or a senior			
Full name *:		Signature *			
Job title *:					
Email *:		Date (DD/MM/YYYY) *:			
Stamp of the Administrat	ion/Member St	ate *			