## **ITU Fellowship Application Form** *This form serves as your application for a fellowship to support your participation in:*

[**World Telecommunication Development Conference (WTDC**](https://www.itu.int/itu-d/meetings/wtdc25)**-25)**

**City/Country: Baku, Azerbaijan**

**Dates: 17-28 November 2025**

**Fellowship type: FULL.** See section 1 below for further details.

**Deadline for application: 22 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.
* Fellowship awards for this event are governed by the [**Policy for awarding fellowships for events and activities funded through the ITU regular budget**](https://www.itu.int/en/fellowships/Pages/default.aspx).
* To ensure good governance in the use of fellowships, any **one individual** **may not be awarded more than one full fellowship, or two partial fellowships in a financial year**. In this respect, the amount granted to any one individual **shall not exceed ten thousand (10 000) Swiss Francs** in a financial year.
* Member States wishing to apply for an ITU fellowship **must not have any type of debt** related to the contributions derived from their contributory unit, except those who have agreed to a repayment plan and are in compliance with their obligations.
* **Highest-ranking officials** (Head of State, Head of Government, Minister, Vice-Minister, Secretary of State or equivalent, high-ranking diplomats) shall **not 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](mailto:fellowships@itu.int) or Fax: +41 22 730 57 78

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| **ITU will only consider requests that meet all the above requirements** |

**Conditions**

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| 1. A **Full fellowship** offer for this activity includes the following: | one (1) return economy class air ticket by the most direct/economical route from the country of origin to the location of the activity/event,  AND  a subsistence allowance to cover accommodation, meals and incidental expenses.  (Other costs will not be covered as part of this fellowship award) |

**Personal Information**

|  |  |
| --- | --- |
| 2. Country \* |  |
| 3. Name of Administration \* |  |
| 4. Gender \* | Female  Male  Prefer not to say |
| 5. Email address \* |  |
| 6. Phone number \* |  |

**Passport Information**

|  |  |
| --- | --- |
| 7. Family/Last Name \* |  |
| 8. Middle Name |  |
| 9. First/Given Name \* |  |
| 10. Date of Birth (DD/MM/YYYY) \* |  |
| 11. Place of Birth (City, Country) \* |  |
| 12. 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**

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| --- | --- |
| 17. Job title \* |  |
| 18. Highest level of education completed \* | Doctorate Degree of Post Doctorate studies  2nd University Degree (Master or equivalent)  1st University Degree (Bachelor or equivalent)  Technical Diploma (or equivalent)  High school diploma  Other |
| 19. Field of Studies \* |  |
| 20. Number of years of relevant work experience \* | 1-5 years  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) |  |
| 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 Applicant Signature**

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| 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/YYYY) \* : |

**National Designated Focal Point Signature**

This application shall be duly signed and authorized by the national designated focal point and/or a senior officer from the Administration/Member State.

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| Full name \*:  Job title \*:  Email \*: | Signature \*  Date (DD/MM/YYYY) \* : |
| Stamp of the Administration/Member State \* | |