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| **电信标准化局** | **logo_C_** |
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2011年8月17日，日内瓦

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| 文号： | **电信标准化局第9/13号集体函补遗1** |  |
| 电话： 传真：  电子 邮件： | +41 22 730 5126 +41 22 730 5853  [tsbsg13@itu.int](mailto:tsbsg13@itu.int) | 致国际电联各成员国主管部门、 ITU-T部门成员、ITU-T部门准成员和参加第13研究组工作的ITU-T学术成员 |

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| 事由： | **第13研究组的会议 2011年10月10日至21日，日内瓦** |

尊敬的先生/女士：

1 现将有关将自2011年10月10日至21日在日内瓦国际电联总部召开的ITU-T第13研究组会议的附加信息发给您。

2 根据上次电信标准化顾问组（TSAG）会议上提出的要求，现已在网上设置了一个文稿直传系统（direct posting system）。该系统方便ITU-T成员保留文稿号，并可直接将文稿上传至ITU-T的网上服务器，并直接对文稿进行修改。（文稿提交截止日期已定为2011年9月27日。）新的文稿直传系统是对传统的网上文稿提交方式和电子邮件提交方式的补充。后两种方式仍可继续使用。有关使用新的文稿直传系统的进一步信息和指南见以下网址：<http://www.itu.int/net/ITU-T/ddp/Default.aspx?groupid=7281>。

3 关于第9/13号集体函第11段，我们高兴地告知您最新信息：国际电联将根据可用资金，提供数量有限的若干份全额或非全额与会补贴，以促进最不发达国家或低收入发展中国家代表的与会。最新与会补贴申请表见**附件1**，该表应在**2011年9月10日**之前填妥并交回国际电联。

顺致敬意！

电信标准化局主任  
 马尔科姆•琼森

ANNEX 1  
(to Addendum 1 to TSB Collective letter 9/13)

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| R:\..\refinfo\ART\TIF\LGO_0UIT.TIF | **ITU-T Study Group 13 meeting**  **Geneva, Switzerland, 10-21 October 2011** | | | | | | R:\..\refinfo\ART\TIF\LGO_0ITU.TIF |
| **Please return to:** | | | **ITU/BDT**  **Geneva (Switzerland)** | | **E-mail :** [**bdtfellowships@itu.int**](mailto:bdtfellowships@itu.int)  **Tel: +41 22 730 5487**  **Fax: +41 22 730 5778** | | | |
| **Request for a full/partial fellowship to be submitted before 10 September 2011** | | | | | | | |
|  | | | | Participation of women is encouraged | | |  | |
| **Country: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**  **Name of the Administration or Organization: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**  **Mr. / Ms. \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_(family name) \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_(given name)**  **Title: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_** | | | | | | | | |
| **Address: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**  **\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**  **Tel.: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Fax: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ E-Mail:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**  **PASSPORT INFORMATION :**  **Date of birth: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**  **Nationality: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Passport number: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**  **Date of issue: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ In (place) : \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_Valid until (date): \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_** | | | | | | | | |
| CONDITIONS **(Please select your preference in “condition” 2 below)** | | | | | | | | |
| 1. One full or **partial** fellowship per eligible country. | | | | | | | | |
| 1. For partial fellowship, ITU is requested to cover either one of the following: | | | | | | | | |
| □ **Economy class air ticket (duty station / Geneva / duty station).** | | | | | | | | |
| **□ Daily subsistence allowance intended to cover accommodation, meals & misc. expenses.**   1. It is imperative that fellows be present from the first day to the end of the meeting. | | | | | | | | |
| **Signature of fellowship candidate:** | | | | | | **Date:** | | |
| **TO VALIDATE FELLOWSHIP REQUEST, NAME, TITLE AND SIGNATURE OF CERTIFYING OFFICIAL DESIGNATING PARTICIPANT MUST BE COMPLETED BELOW WITH OFFICIAL STAMP.** | | | | | | | | |
| **Signature** | | | | | | **Date** | | |