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| **مكتب تقييس الاتصالات** | **logo_A-[Converted]** |
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|  |  | جنيف، 25 نوفمبر 2011 |
| المرجع: | **التصويب 1 للرسالة الجماعيةTSB Collective letter 7/17** |  |
| الهاتف:الفاكس:البريد الإلكتروني: | +41 22 730 5866+41 22 730 5853tsbsg17@itu.int | إلى إدارات الدول الأعضاء في الاتحاد، وأعضاء قطاع تقييس الاتصالات بالاتحاد والمنتسبين إليه وممثلي الهيئات الأكاديمية المنضمة إلى القطاع، المشاركين في أعمال لجنة الدراسات  17 |
|  |  |
| الموضوع: | **اجتماع لجنة الدراسات 17جنيف، 20 فبراير - 2 مارس 2012** |

حضرات السادة والسيدات،

تحية طيبة وبعد،

يرجى ملاحظة أن الفقرة 12 من الرسالة الجماعية TSB Collective letter 7/17 قد تغيرت على النحو المبين فيما يلي:

(12 ويسرّنا أن نعلمكم بتوفير عدد من المنح الكاملة إذا ما توفر التمويل اللازم، وذلك لتيسير المشاركة [من أقل البلدان نمواً ومن البلدان النامية ذات الدخل المنخفض](http://www.itu.int/en/ITU-T/info/Pages/resources.aspx). ولا بد من ترخيص طلب المنحة من جانب الإدارة المعنية في الدولة العضو في الاتحاد كما أن المنحة تقتصر على فرد واحد لكل بلد. وينبغي استكمال طلب المنحة، الوارد في **الملحق**، وإرساله إلى الاتحاد في موعد أقصاه 20 يناير 2012.

وتفضلوا بقبول فائق التقدير والاحترام.

مالكولم جونسون
مدير مكتب تقييس الاتصالات

**الملحقات: 1 (الملحق 4 للرسالة الجماعية TSB Collective letter 7/17 بعد تصويبه)**

ANNEX
(to Corrigendum 1 to TSB Collective letter 7/17)

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|  | **ITU-T Study Group 17 meeting****Geneva, Switzerland, 20 February-2 March 2012** |  |
| **Please return to:** | **ITU** **Geneva (Switzerland)** | **E-mail :** **bdtfellowships@itu.int** **Tel: +41 22 730 5487**  **Fax: +41 22 730 5778** |
| **Request for one full fellowship or two partial fellowships to be submitted before 20 January 2012** |
|  | Participation of women is encouraged |  |
| Registration Confirmation I.D. No: ……………………………………………………………………………(Note: It is imperative for fellowship holders to pre-register via the on-line registration form at: <http://itu.int/ITU-T/studygroups/com17/index.asp>)**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): \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_** |
| **Please select your preference**  |
| 1. **□** One full fellowship     or **□ t**wo partial fellowships (per eligible country)
 |
| 1. In case of two partial fellowships, chose one of the following:
 |
|  **□ Economy class air ticket (duty station / Geneva / duty station).** **□ Daily subsistence allowance intended to cover accommodation, meals & misc. expenses.** |
| **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.****N.B. IT IS IMPERATIVE THAT FELLOWS BE PRESENT FROM THE FIRST DAY TO THE END OF THE MEETING.** |
| **Signature** | **Date** |