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| **Telecommunication Standardization Bureau** |  |
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Geneva, 25 November 2011

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| Ref: | **Corrigendum 1 to**  **TSB Collective letter 7/17** |  |
| Tel: Fax:  E-mail: | +41 22 730 5866 +41 22 730 5853 [tsbsg17@itu.int](mailto:tsbsg17@itu.int) | To Administrations of Member States of the Union, to ITU-T Sector Members, to ITU-T Associates and to ITU-T Academia participating in the work of Study Group 17 |

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| Subject: | **Meeting of Study Group 17 Geneva, 20 February-2 March 2012** |

Dear Sir/Madam,

Please note that paragraph 12 of TSB Collective letter 7/17 has been changed as follows:

12) We are pleased to inform you that full fellowships will be awarded based on available funding to facilitate participation from [Least Developed or Low Income Developing Countries](http://www.itu.int/en/ITU-T/info/Pages/resources.aspx). An application must be authorized by the relevant Administration of the ITU Member State and be limited to only one person per country. The fellowship request form, enclosed as **Annex**, should be returned to ITU not later than 20 January 2012.

Yours faithfully,

Malcolm Johnson  
Director of the Telecommunication  
Standardization Bureau

**Annex: 1 (corrected Annex 4 of TSB Collective letter 7/17)**

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**](mailto: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** | | |