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| **Telecommunication StandardizationBureau** |  |
|  |  |

 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 5853tsbsg17@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 17Geneva, 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** **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** |