

World Summit on the Information Society
Geneva, Switzerland, 10-12 December 2003

NOMINATION FORM FOR GOVERNMENTS AND BUSINESS SECTOR ENTITIES ONLY*

Please return to: WSIS Fellowships
Geneva

Fax: +41 22 730 5778
Email: wsis-fellowships@itu.int

WOMEN CANDIDATES ARE ENCOURAGED

FELLOWSHIP REQUEST TO SUBMIT BY 1 November 2003

The **Government / Business Entity** (please underline) _____ nominates _____
for a fellowship to attend the above-mentioned event.

***Civil Society candidates (including NGOs) please refer to the website of the WSIS Civil Society Division at www.geneva2003.org**

PERSONAL HISTORY:

Family name Mr./Ms. _____ Given name(s) _____

Education and diplomas _____

Name and address of present employer _____

Major responsibilities in the Organization _____

Present post (title) _____

Years of service. _____

Fax _____ Telephone _____ email: _____

Benefits envisaged upon return to home country as a result of participation in WSIS:

PASSPORT INFORMATION:

Place and date of birth _____

Nationality _____ Passport number _____

Date passport issued _____ In (place) _____

Valid until (date) _____

CONDITIONS: Fellowships are awarded under the following conditions:

1. A round trip air ticket in economy class from country of origin to Geneva by the most direct and economical itinerary.
2. A daily allowance to cover cost meals and miscellaneous expenditure.
3. Accommodation booked and prepaid by ITU.
4. Requests for fellowship must be received by 1 November 2003. Successful candidates will be advised in due course.
5. It is imperative that participants awarded WSIS fellowships be present from the first day and participate the entire duration of the World Summit on the Information Society.

Place, date and signature of fellowship candidate _____

TO VALIDATE FELLOWSHIP REQUEST, NAME AND SIGNATURE OF CERTIFYING OFFICIAL DESIGNATING PARTICIPANT MUST BE COMPLETED BELOW

Name: _____

Signature: _____

INTERNATIONAL TELECOMMUNICATION UNION

FELLOWSHIPS SERVICE

MEDICAL REPORT

INSTRUCTIONS

To be completed by a registered medical practitioner. The ITU reserves the right to require the candidate to undergo a further medical examination before the award of Fellowship.

NAME OF CANDIDATE:

AGE:

SEX:

IS THE PERSON EXAMINED AT PRESENT IN GOOD HEALTH AND ENJOYING FULL WORKING CAPACITY?

IS THE PERSON EXAMINED ABLE PHYSICALLY AND MENTALLY TO PARTICIPATE IN AN INTERNATIONAL EVENT AWAY FROM HIS/HER HOME?

IS THE PERSON EXAMINED FREE FROM INFECTIOUS DISEASES (FOR INSTANCE, TUBERCULOSIS AND TRACHOMA) WHICH COULD PRESENT RISKS FOR BOTH THE CANDIDATE AND HIS/HER CONTACTS DURING HIS/HER FELLOWSHIP?

Place: _____ Examining Physician: _____

Date: _____ Exact address (printed): _____