**Annex 4**

**Anexo 4**

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| sigleITU couleur | **ITU Training on Conformance & Interoperability for the Americas Region**  ***Capacitación UIT en Conformidad & Interoperabilidad para la Región Américas***  **Campinas, Brazil, 24-28 June 2013**  ***Campinas, Brasil, 24-28 de Junio de 2013*** | | | | |  | |
| **Please return to:**  ***Sírvase devolver a:*** | | | **Administration Division(ADM) ITU/BDT**  **Geneva (Switzerland)** | | **E-mail: bdtfellowships@itu.int**  **Tel: +41 22 730 5487 / 5095**  **Fax: +41 22 730 5778** | | |
| **Request for a partial fellowship to be submitted by 27 May 2013**  ***Solicitud de beca parcial a presentar hasta el día 27 de Mayo de 2013*** | | | | | | | |
|  | | | | Participation of women is encouraged  *Se encoraja la participación de mujeres* | |  | |
| **Country/*País*: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**  **Name of the Administration or Organization: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**  **(*Nombre de la Administración o Organización*)**  **Mr. / Ms. \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**  **(*Sr. / Sra.*) (family name / *apellido*) (given name / *nombre*)**    **Title/*Titulo*: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_** | | | | | | | | |
| **Address/Dirección: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**  **\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**  **Tel.: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Fax: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**  **E-mail: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**  **PASSPORT INFORMATION/ *INFORMACIÓN DEL PASAPORTE*:**    **Date of birth/*Fecha de Nacimiento*: \_\_\_\_\_\_/\_\_\_\_\_\_/\_\_\_\_\_\_\_\_**  **Nationality: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Passport number: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**  **(*Nacionalidad*) (*Numero del Pasaporte*)**    **Date of issue: \_\_\_\_\_\_\_\_\_\_\_\_\_\_ In (place): \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Valid until (date): \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**  **(*Fecha de expedición*) (*Local*) (*Caducidad – fecha*)** | | | | | | | | |
| **CONDITIONS/CONDICIONES** | | | | | | | |
| **1. One partial fellowship per eligible country (Least Developed Countries or Low Income Countries) based on available funding**  ***1. Una Beca parcial por país elegible (Países Menos Desarrollados o Países en Desarrollo de Bajo Ingreso) según la disponibilidad de fondos*** | | | | | | | |
| **2. A daily subsistence allowance to cover accommodation, meals and incidental expenses in Campinas**  ***2. Viáticos para cobrir gastos con acomodación, comida y gastos diversos en Campinas*** | | | | | | | |
| **3. Imperative that fellows be present from the first day and participate during the entire duration of the Training**  ***3.* *Es imperativo la participación de los becarios durante todo el periodo del entrenamiento*** | | | | | | | |
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| **Signature of fellowship candidate: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date: / *Fecha*: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**  **(*Firma del candidato a la beca*)** | | | | | | | |
| **TO VALIDATE FELLOWSHIP REQUEST, NAME AND SIGNATURE OF CERTIFYING OFFICIAL DESIGNATING PARTICIPANT MUST BE COMPLETED BELOW WITH OFFICIAL STAMP*/*** ***LA PRESENTE SOLICITUD DE BECA DEBERA CERTIFICARSE CON EL NOMBRE, CARGO, FIRMA Y SELLO OFICIAL DEL FUNCIONARIO ENCARGADO DE VALIDAR LA CANDIDATURA.***  **Signature:/*Firma:*** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ **Date:/*Fecha:*** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ | | | | | | | |