|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| Certificados | | **Workshop on “National eHealth Strategies for Improving Women’s and Children’s Health”, Bangkok, Thailand, 30 September – 2 October 2013**  **Fellowship Request Form** | | Certificados |
| **Please return to:** | **Fellowships Service ITU/BDT Geneva (Switzerland)** | | **E-mail:** [**bdtfellowships@itu.int**](mailto:bdtfellowships@itu.int) **Tel: +41 22 730 5227 Fax: +41 22 730 5778** | |
| **Request for a fellowship to be submitted before 30 August 2013** | | | | |
| **Participation of women is encouraged** | | | | |
| 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 issued: ………………………………………………..……...….………..………  In (place): ………………………………………….………….…..… Valid until (date): ………….……………………………...…………………………. | | | | |
| CONDITIONS   1. **One full** fellowship per eligible country**.** 2. It is imperative that fellows be present for the entire duration of their fellowship. | | | | |
| Signature of fellowship candidate: ……………………………………………………….…………….. Date: ……...…………………………... | | | | |
| TO VALIDATE FELLOWSHIP REQUEST, NAME AND SIGNATURE OF CERTIFYING OFFICIAL DESIGNATING PARTICIPANT MUST BE COMPLETED BELOW WITH OFFICIAL STAMP.  Signature: ……..………………………………………. Date: …………………………………………….. | | | | |