**Annex 3**

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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, 8-12 June 2015*****Campinas, Brasil, 8-12 de Junio de 2015*** |  |
| **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 10 April 2015*****Solicitud de beca parcial a presentar hasta el día 10 de Abril de 2015*** |
|  | 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:*** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |