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| logogreen | **ASIA-PACIFIC TELECOMMUNITY**  **The 5th Meeting of the APT Conference Preparatory Group for WRC-15 (APG15-5)**  **27 July – 1 August 2015, Seoul, Republic of Korea** | **Last Date of Submission:**  **8 June 2015** |
| **APPLICATION FOR FELLOWSHIP TO APT EVENTS**  Please use CAPITAL LETTERS to complete the form. | | |
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| **1. DETAILS OF FELLOWSHIP APPLICANT:** | | |
| (Mr./Ms./Mrs./Dr. / others \_\_\_\_\_\_\_\_\_\_\_) First Name  Last Name  Administration/Organization  Present Post (Title)  Business Address  \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Country\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  Phone No.:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Fax No.:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ E-mail: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ | | |
| **2. PASSPORT INFORMATION:** | | |
| Passport No.:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date of Issue:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Expiry Date:  Place of Issue: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date of Birth ­­ (DD/MM/YYYY)  Nationality: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Place of getting visa: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ | | |
| **3. SUITABILITY OF APPLICANT FOR THE APT FELLOWSHIP :** | | |
| Please indicate the suitability of the applicant to attend the above event under APT fellowship. Please note that preference will be given to applicants who have direct responsibility to the subject of this event and any other requirements as stated in the invitation letter. | | |
| **4. Endorsement by Member administration:**  (To be endorsed by the APT Contact Point of the nominating Member Administration ) | | |
| In nominating the applicant for the APT fellowship, this Administration certifies that he/she is medically fit to travel abroad for the above event. My Administration will be responsible for any emergency medical treatment for the applicant. Also, I acknowledge that APT will not be responsible for any expenses incurred in respect of his/ her travel which are not covered by the APT fellowship.  Name: Signature:  Position: Official Stamp:  Administration:  Date: | | |
| **Please Return To:** Asia Pacific Telecommunity, 12/49 Soi 5, Chaeng Watthana Road, Bangkok 10210, Thailand.  e-mail: [aptfellowship@apt.int](mailto:aptfellowship@apt.int)orFax:+662 573 7479 | | |