

UNITED  **NATIONS**

FELLOWSHIP NOMINATION FORM

I. LETTER OF TRANSMISSION

INSTRUCTIONS

To be completed in triplicate by a senior official of the nominating, Government who will forward three copies of the certified nomination forms to the United Nations, New York, through the office of the UNDP regional or resident director through which its technical assistance requests are normally channelled .

The Government of _____
Nominates _____
for a fellowship to study _____
to and certifies that:

- (a) the studies to be made under this fellowship are necessary for the advancement of the economic or social development or public administration of the country, and that in the case of a fellowship being granted, full use would be made of the fellow in the field covered by his/her fellowship;
- (b) all information supplied by the nominee is complete and correct;
- (c) the nominee has adequate knowledge, appropriately tested, of a language which can be used for working purposes in the proposed host country;
- (d) the absence of the nominee during his/her studies abroad would not have any adverse effect on his/her status, seniority, salary, pension and similar rights.

On return from the fellowship it is proposed to employ the fellow as follows:

Title of post _____
Duties and responsibilities _____

Place and date: _____

Signature of responsible Government official

Official address: _____

Title: _____

II. OBSERVATIONS OF UNDP RESIDENT DIRECTOR, PROJECT MANAGER OR EXPERT

(Changes suggested by an expert and/or the resident director in the study programme requested by the

FELLOWSHIP NOMINATION FORM

III. PERSONAL HISTORY AND PROPOSED STUDY PROGRAMME

Instructions

Nomination forms are available in English, French and Spanish. They should be completed by the candidate in typewritten form in whichever of the above languages is most acceptable in the proposed country of study. Three copies are required. Each question must be answered clearly and completely. Detailed answers are required in order to make the most appropriate study arrangements. If necessary, additional pages of the same size may be attached.

1. Family name (surname) <small>(underline name by which formally addressed)</small>	First name	Other names
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2. Mailing address	3. Home address
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4. City and country of birth	Date of birth			Age	Nationality	Marital status
	Day	Month	Year			

5. Sex <input type="checkbox"/> Male <input type="checkbox"/> Female	6. Name and address of person to be notified in case of emergency
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7. Languages Mother tongue:	READ			WRITE			SPEACK		
	Excellent	Good	Fair	Excellent	Good	Fair	Excellent	Good	Fair

8. Residence in foreign countries in relation of the candidate's professional or study interests		
Year:	Country:	Length of stay:

9. Education (start with last attended institution and work backwards)			
Name of institution and place of study	Years of study: From - To	Major fields of study	Degrees

10. List membership of professional societies and your activities in civil, public or international affairs.

11. List any relevant publications you have written (do not attach)

13. Proposed field of study:

The information given should be precise; the study programme will be based on it)

14. Detailed description of subject matter to be studied:

15. Description of the practical use you will make of this study on your return home in relation to the responsibilities you expect to assume, and the conditions existing in your country in the field of your interests.

16. Length of time required for study:

17. Proposed country of study: (*)
(You may list in order of preference other host countries should facilities not be available in the first).

Organizations, firms, institutions, or projects at which study is preferred:

(*) The United Nations reserves the right to propose an alternative host country if in its judgment the desired facilities are equally or more satisfactory in such a country; or if the desired facilities are unavailable in the country proposed by the candidate. The length of time required for study may also be adjusted by the United Nations in accordance with its own judgment and the budget possibilities.

18. Earliest date you could start if awarded a fellowship:

19. Is there any definite period you cannot be absent from your home country?

20. Give details of any fellowships or scholarships previously held by you, which you now hold, or for which you are a candidate.

I certify that my statements in answer to the foregoing questions are true, complete and correct to the best of any knowledge and belief. If selected as a fellow, I undertake to:

- (1) Conduct myself at all times in a manner compatible with my status as holder of a United Nations fellowship;
- (2) Spend full time during the period of the award in the study programme as directed by the agency in the country of study and by the United Nations;
- (3) Refrain from engaging in political, commercial, or any other activities other than those covered by my work programme;
- (4) Submit reports in accordance with the arrangements made by the United Nations;
- (5) Return to my home country at the end of the fellowship.

Date: _____ Signature of candidate: _____

IV. RECOMMENDATIONS OF NATIONAL SELECTING AUTHORITY

Instructions

To be completed in triplicate.

1. Comments on educational qualifications, experience in the subject to be studied, age, health and personality of the candidate:

2. Comments on the linguistic ability of the candidate:

3. Comments on proposed country of study, preferred institutions in that country and duration of fellowship:

4. Comments on use to which fellow's training will be put on his return home:

Address: _____ *Signature and title of responsible official*

Place: _____ Date: _____

V. MEDICAL REPORT

INSTRUCTIONS: To be completed in triplicate by a registered medical practitioner after thorough clinical and laboratory examination including X-ray of chest. The United Nations reserves the right to require the candidate to undergo a further medical examination before he takes up his fellowship.

To: Medical Director
United Nations
New York, N.Y., 10017

Date: _____

RE: _____ Date of Birth: _____
Last Name of Candidate First

Address: _____

(To be filled in by Candidate)

1. Have you ever undergone any United Nations medical examination previously? _____

(If so, please state when and where: _____)

2. Have you ever had or have you now

(Check each item)	YES	NO	(Check each item)	YES	NO
Any heart disease?			Frequent indigestion?		
Severe pain or pressure in chest?			Depression or excessive worry anxiety?		
Persistent cough?			Fainting spells?		
Tuberculosis?			Epilepsy or fits?		
Diabetes?			Any nervous or mental disorders?		
Backache?			Foot or leg conditions?		
Hernia (rupture)?			Any skin disease?		
High blood pressure?			Malaria?		
Any allergies?			Amoebic dysentery?		

3. Please give details of all serious illnesses, in injuries or operations:

(Type of illness or operation)	(Period of disability)

4. Do you take any medications regularly? _____ If so, what? _____

5. Do you have any condition or defect which may require further treatment during your fellowship? _____

I certify that the above statements are true,
complete and correct to the *best* of my *knowledge*
and *belief*.

(Signature of Candidate)

(This part to be filled in by Examining Physician)

I have checked the candidate's answers and I have the following comments to make:

I have made the following examination which I consider necessary, in view of the candidate's answers, in order to detect physical or mental disease which might be a danger either to himself or to others, during the period of the fellowship:

Blood Pressure: _____ Pulse Rate: _____

Urine: Albumin: _____ Sugar: _____

(Usually, for a Fellowship Candidate, it is only necessary for the Examining Physician to make a brief physical examination and for investigations to be limited to a chest X-ray)

In my opinion, the candidate _____ *is* _____ *fit for this fellowship.*
is not

Result of CHEST X-RAY

(PLEASE AIR MAIL X-RAY FILM WITH THIS REPORT)

(Signature of Examining Physician)

Address: _____

Date: _____