**APPLICATION / NOMINATION FORM FOR**

**TECHNICAL CAPACITY BUILDING PROGRAM**

**TERM 2020**

|  |  |  |  |
| --- | --- | --- | --- |
| APPLIED PROGRAM *(please* tick *for selection of the program and where to attend)* | | | |
|  | Training Program | *(please enter the code and name of the training of your choice given in the training lists)* | |
|  | Research Project | *(please enter the subject / title of your research project and choose the host country on the right side)* | Research Project  Host Country |
|  Kingdom of Saudi Arabia   Bosnia & Herzegovina   Republic of Turkey |

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| **APPLICANT NMI / DI** | | | | | | | | | | | | | | | | | | |
| *(please enter the name of the national metrology or designated institute of the applicant SMIIC member and observer state / country)* | | | | | | | | | | | | | | | | | | |
| PERSONNEL DATA *(The names shall be as same as stated in your passport)* | | | | | | | | | | | | | | | | | *Photo file shall be attached*  *(not older than recent 6 months)* | |
| Gender:  Female (Ms.)  Male (Mr.) | | | | | | | | | Date of Birth (Date/Month/Year): | | | | | | | |
| First Name: | | | | | | | | | Passport Number: | | | | | | | |
| Family Name: | | | | | | | | | Date of Issue (Date/Month/Year): | | | | | | | |
| Nationality: | | | | | | | | | Date of Expiry (Date/Month/Year): | | | | | | | |
| Visa request :  Yes  No | | | | | | | | | | | | | | | | | | |
| Address : | | | |  | | | | | | | | Mobile : | | |  | | | |
| Phone : | | |  | | | |
| City/Province : | | | | |  | | | | | | | Fax : | | |  | | | |
| Country : | | | | |  | | | | | | | E\_mail : | | |  | | | |
| Post Code : | | | | |  | | | | | | | Webpage: | | |  | | | |
| **PROFESSIONAL INFORMATION** | | | | | | | | | | | | | | | | | | |
| Title and Profession: | | | |  | | | | | | | | | | | | | | |
| Department/Lab: | | | |  | | | | | | | | | | | | | | |
| EDUCATIONAL BACKGROUND*(commencing with the most recent academic degree/course)* | | | | | | | | | | | | | | | | | | |
| Years attended | | | Name of Institution | | | | | | | Place/Country | | | | Major  (Field of study) | | Degree/Certificate awarded | | |
| from | to | |
|  |  | |  | | | | | | |  | | | |  | | Ph.D. | | |
|  |  | |  | | | | | | |  | | | |  | | M.Sc. | | |
|  |  | |  | | | | | | |  | | | |  | | B.S. | | |
| **KNOWLEDGE OF LANGUAGES** *(please tick* *where appropriate!)* | | | | | | | | | | | | | | | | | | |
|  | | SPEAKING | | | | | | READING | | | | | | | WRITING | | | |
| Good | | | | Fair | Not easily | Good | | | Fair | | Not  easily | | Good | Fair | | Not  easily |
| ENGLISH | |  | | | |  |  |  | | |  | |  | |  |  | |  |
| OTHERS ( ) | |  | | | |  |  |  | | |  | |  | |  |  | |  |
| **DESCRIPTIONS OF CURRENT JOB**  *(Please describe your current job as detailed as possible! Use more space as appropriate!)* | | | | | | | | | | | | | | | | | | |
|  | | | | | | | | | | | | | | | | | | |
| **PRIMARY OBJECTIVES INTENDED TO ACHIVE BY PARTICIPATING IN THIS COURSE**  *(Use more space as appropriate.)* | | | | | | | | | | | | | | | | | | |
|  | | | | | | | | | | | | | | | | | | |
| *I hereby certify that the statements made by me in this application/nomination are true and correct in every respect.*  Date (Date/Month/Year) : / / 2019  Name of Applicant : Signature of Applicant :  Organization :  Country : | | | | | | | | | | | | | | | | | | |

P.S: A copy of passport identification page and CV of each participant needs to be attached to the application form to be considered complete and officially accepted.