



**Fayoum University  
Institute of Strategic Research and Studies for Nile Basin Countries**

Application Form to attend a fully funded  
Training Course entitled:

**“Hospital Management and Health Care Services for Nile Basin Counties”**

**4<sup>th</sup> – 15<sup>th</sup> March, 2018**

**Deadline to submit your application is Thursday 18<sup>th</sup> January 2018**

**Completed Applications are to be scanned and sent to:  
[inssr@fayoum.edu.eg](mailto:inssr@fayoum.edu.eg) & [maa06@fayoum.edu.eg](mailto:maa06@fayoum.edu.eg)  
(in addition to the other requirements indicated in the course brochure)**

**Fayoum University, Egypt**

Recent Photo here

**PART - I**

Nationality : \_\_\_\_\_ Name of Course : \_\_\_\_\_

Institute : \_\_\_\_\_ Commencing from : \_\_\_\_\_ to \_\_\_\_\_  
DD/MM/YYYY DD/MM/YYYY

**1. Personal information**

Name(s): \_\_\_\_\_

Surname: \_\_\_\_\_

Sex (tick one): MALE / FEMALE

Marital Status: \_\_\_\_\_

Date of Birth: \_\_\_\_\_  
Date - Month – Year

Passport No.: \_\_\_\_\_ Date & Place of Issue: \_\_\_\_\_

Valid Till: \_\_\_\_\_

Address	Office	Home
Tel Nos.		
Mobile/Cell:		
Fax:		
E-mail:		
Special dietary needs, if any: _____		
<b>Person(s) to be notified in case of Emergency</b>		

	Official Contact	Personal / Family Contact	
Name:			
Address:			
Tel Nos.			
Mobile/Cell:			
Fax:			
E-mail:			
<b>Educational Qualification(s)</b>			
Degree / Diploma / Certificates	Year	Name of Educational Institute	
1.			
2.			
3.			
4.			
<b>Professional Qualification(s), if any:</b>			
Professional Qualification(s)	Year	Name of Institute	
1.			
2.			
3.			
4.			
<b>2. Details of Employment/ Profession (current &amp; previous)</b>			
Name of Employer / Department / Company	Position	Period	Description of work
1.			
2.			
3.			
4.			
<b>Are you an employee of: (Mark appropriate box)</b>			
a. Government <input type="checkbox"/> b. Semi-government <input type="checkbox"/> c. Others <input type="checkbox"/>			
<b>Details of present employer</b>			
Name _____ / _____		address: _____	
Tel. No.: _____			
E-mail : _____			
<b>3. Have you ever attended a course sponsored by the Government of Egypt? (Mark one)</b>			
			<b>YES/NO</b>
If answer to 3 is yes, details of the Course _____			
_____			
<b>4. Please describe in your own words (max 250 words):</b>			
<b>(a) qualification/experience in the related course applied for; and</b>			
<b>(b) reason(s) for applying for this training course</b>			

<b>5. English language proficiency</b>			
	Good	Basic	Remarks
Spoken			
Written			
Mother tongue / Native language: _____ / Other language(s), if any: _____			

To be attached with the application:

- Certified English translated scanned copy Bachelor or Master degree/diploma.
- Certified English translated scanned copy Bachelor or Master transcript/grades.
- CV/Resume in English.
- Proof of English proficiency, if any.
- Motivation letter.
- Copy valid passport.

**PART – II**

**To be completed by the authorized official of the  
Nominating Government/Employer**

I, \_\_\_\_\_ on behalf of the  
Government of \_\_\_\_\_ certify that:

I have examined the educational, professional and other certificates quoted by the nominee in Part – I of this form and I am satisfied that they are authentic and relate to the nominee.

The nominee has adequate knowledge of spoken and written English to enable him/her to follow the course of training for which he/she is being nominated.

I nominate Mr./Mrs./Miss \_\_\_\_\_ on behalf of the  
Government of \_\_\_\_\_/as employer.

Name of Nominating Authority:

Designation:

Address:

Date:

Place:

Signature  
(With seal)  
Name and Designation  
(in capital letters)

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