



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

Application Form to attend a fully funded
Training Course entitled: “**Agribusiness Development in Nile Basin Counties**”

2nd – 10th April 2017

Deadline to submit your application is Thursday 9th March 2017

Completed Applications are to be scanned and sent to:
inssr@fayoum.edu.eg & 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: _____		
Person(s) to be notified in case of Emergency		

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

4. Please describe in your own words (max 250 words):			
(a) qualification/experience in the related course applied for; and			
(b) reason(s) for applying for this training course			

5. English language proficiency			
	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 block letters)

