



FELLOWSHIP APPLICATION FORM

(To be filled in by typing or in block letters)

**The United Nations/Italy Long-term Fellowship Programme
On GNSS and Related Applications (Turin, Italy)
(deadline for submission: 15 May 2010)**

<p>Nominee's full Name:</p> <p>Nominee's institution and country:</p>	<p>Please attach a recent photo here</p>		
<p>Hereby is nominated for the <i>UN/Italy long-term fellowship programme on GNSS and Related Applications.</i> The nominating agency/organization will be able [] will not be able [] to provide nominee's international roundtrip air travel ticket to Turin, Italy.</p> <p>The nomination is certified by</p> <p>_____</p> <p style="text-align: center;">(Name of head of nominating organization)</p> <p>_____</p> <p style="text-align: center;">(Official title of certifying officer)</p> <p>_____</p> <p style="text-align: center;">(Signature of head of nominating organization)</p> <p style="text-align: right;">_____</p> <p style="text-align: right;">Official seal of institution and its e-mail address</p> <p>Date:</p>			
<p>COMPLETED APPLICATION FORMS AND ANNEXES SHOULD BE SENT <u>IN DUPLICATE</u> TO THE UNITED NATIONS OFFICE FOR OUTER SPACE AFFAIRS</p> <p>Selected candidates will be notified by e-mail by 1 June 2010. Those candidates should then confirm their acceptance of the offer no later than 10 days after notification.</p>			
<p>Name, official title and professional relationship of three referees who are familiar with the applicant's work and qualifications:</p>			
	Name	Title	Relationship
1.			
2.			
3.			

Relevant courses, workshops, seminars or meetings you have attended in the last five years:			
Location	Title of activity	Duration (dates)	Sponsors

Please state briefly your reasons for applying to participate in this Fellowship Programme:

EMPLOYMENT RECORD

PRESENT POST: Title, unit and organization	
Dates:	Address of organization (including telephone and fax numbers, and e-mail address):
Functions of organization:	
Name of supervisor:	
Description of your work	
PREVIOUS POST: Title, unit and organization	
Dates:	Address of organization (including telephone and fax numbers, and e-mail address):
Functions of organization:	
Name of supervisor:	
Description of your work	

RELEVANT TECHNICAL BACKGROUND/EXPERIENCE

Elements of Signal Processing <input type="checkbox"/> YES <input type="checkbox"/> NO	Elements of Digital Transmission <input type="checkbox"/> YES <input type="checkbox"/> NO	Elements of Communication Systems <input type="checkbox"/> YES <input type="checkbox"/> NO	Elements of Navigation Systems <input type="checkbox"/> YES <input type="checkbox"/> NO
Basics of Communication Receiver Technology <input type="checkbox"/> YES <input type="checkbox"/> NO	Basics of Timing <input type="checkbox"/> YES <input type="checkbox"/> NO	Basics of Electromagnetic Wave Propagation <input type="checkbox"/> YES <input type="checkbox"/> NO	Programming Languages:

CERTIFICATION OF KNOWLEDGE OF ENGLISH

Name of candidate:	
ABILITY TO UNDERSTAND SPEECH <input type="checkbox"/> Understands without difficulty <input type="checkbox"/> Understands almost everything <input type="checkbox"/> Requires frequent repetition	ABILITY TO SPEAK <input type="checkbox"/> Speaks fluently <input type="checkbox"/> Speaks intelligibly <input type="checkbox"/> Speaks haltingly
ABILITY TO WRITE <input type="checkbox"/> Writes with ease and accuracy <input type="checkbox"/> Writes slowly <input type="checkbox"/> Writes with difficulty	ABILITY TO READ <input type="checkbox"/> Reads fluently <input type="checkbox"/> Reads slowly <input type="checkbox"/> Translates with difficulty
Other remarks:	
TOELF Certificate: <input type="checkbox"/> YES <input type="checkbox"/> NO	
Certification by language examiner.	
Language tested by	

(Name)	

(Title of examiner)	

(Institution, city, country)	
Date of examination:	_____
Signature of examiner:	Seal of Language Institution

Please enclose your Curriculum Vitae, signed and dated by you, to this application form.

CANDIDATE'S CERTIFICATION

I hereby certify that the statements that I have made in this application form are true, correct and complete.

If selected, I hereby confirm that I will comply with the Terms of Reference of the Programme and I will make myself available for duration of the entire Fellowship.

Date:

Signature of candidate:

This form, FULLY COMPLETED, should be submitted in duplicate by mail to the United Nations Expert on Space Applications, Office for Outer Space Affairs, United Nations Office at Vienna, Vienna International Centre, P.O. Box 500, A-1400 Vienna, Austria, **no later than 15 May 2010**. You may also send this application form through the Office of the Resident Representative of the United Nations Development Programme (UNDP) in your country.

To accelerate processing of your application, you should also fax an advance copy directly to the Office for Outer Space Affairs, fax: (+43 1) 26060 5830, or e-mail it to the following addresses: unpsa@unvienna.org, kurian.manivanipurathu@unoosa.org

IMPORTANT: In addition to the current form, all applicants are encouraged also to fill up the on-line application form of Politecnico di Torino as it will help to streamline the process of selecting recipients of the fellowship grants. Instructions on how to proceed with that and the link to appropriate webpage of Politecnico di Torino are available on the UN-OOSA website: <http://www.unoosa.org/oosa/en/SAP/gnss/fellowships.html>

NOTE: THIS APPLICATION IS VALID, ONLY IF **ALL AND EVERY** INFORMATION REQUESTED IS PROVIDED.