

## SINGAPORE AVIATION ACADEMY TRAINING PROGRAMMES UNDER THE SINGAPORE COOPERATION PROGRAMME

## **FELLOWSHIP NOMINATION FORM**

## TO BE COMPLETED BY THE NOMINATING GOVERNMENT

OFFICIAL DECLARATION	
On behalf of the Government of	try Name of official
Cour certify that:	try Name of official
physical and mental history, there is no reason tundertake the journey to Singapore and to rema (c) Should the nominee seek medical consultation	tic and relate to the applicant; fectious disease and that, having regard to his/her o suppose that the applicant is other than fit to in in Singapore for the duration of training; on/treatment during his period of stay in Singapore, enses incurred, other than those covered under the Hospital & Surgical Insurance policy; and ncy in both spoken and written English to enable
I nominate (Dr/Mr/Mrs/Ms*)for the training course.	holding Passport No
Name and Designation  Name of Organisation	Signature  Office tel no.
Email Address	Country code Area code Office fax no.
Endorsement by the nominating country's Minist Technical Assistance:	ry of Foreign Affairs or the National Focal Point for
Name	Email Address
Designation	(Ministry's Official Stamp)
	Name of Organisation
Signature	
	Country code Area code Office tel no.
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NOTE: This nomination form should be duly completed and endorsed by the Ministry of Foreign Affairs or the National Focal Point for Technical Assistance in your country. Forms which are incomplete or not endorsed will not be accepted.

Country code Area code