

P-2 TCPH M/W E/REV.4 (JUNE 05)

nominates the person indicated below i	<i>i</i>) of	(country) ecify title, place, dates, project number):
	or the following event (please sp	ecity title, place, dates, project number):
Female Male		Date of birth:
Family name (as in passport):		Place of birth:
		Nationality:
First name:		Passport No.:
Complete mailing address (office):		Date of issue:
Inst. Name:		Place of issue:
		Valid until:
Street:		Telephone (office):
P.O. Box:	Post Code:	Telephone (home):
Town/City:		Telephone (home): Fax:
		e-mail:
Region/District: Country:		
Airport/town nearest to residence:		WEB page: Emergency Phone:
		Emergency Fhone.
Main academic/technical qualification:		
Language Ability The nominating authority confirms that the nominating	minee is proficient in the language in w	hich the event is held. yes
Current employment		
Name and place of employer/organization	n:	
Title of position:		Type of work:
Description of work (Past work done by th	a nominee which is relevant to the Mas	
Health (mandatory for heath insurance The nominee is only covered under the he him/her from travelling and performing th	ealth insurance policy if he/she doe	general good health: yes no s not have a medical condition which excludes
The nominee is only covered under the he him/her from travelling and performing th	ealth insurance policy if he/she doe his assignment:	
The nominee is only covered under the he him/her from travelling and performing th	ealth insurance policy if he/she doe his assignment: he over 60 years of age, stating that he/sh	s not have a medical condition which excludes
The nominee is only covered under the he him/her from travelling and performing the A medical certificate is required for any nomine Is the nominee covered under a radiation Involvement in IAEA-supported activity	ealth insurance policy if he/she doe his assignment: the over 60 years of age, stating that he/sh surveillance programme? y ties (Please mark any previous activiti	s not have a medical condition which excludes e is in good health and able to undertake the mission res no
The nominee is only covered under the he him/her from travelling and performing the A medical certificate is required for any nomine Is the nominee covered under a radiation Involvement in IAEA-supported activity Expert Mission Training Course STATEMENT The nominating authority gives the following a a) All information supplied in this form is co b) It is noted that the sponsoring organization costs or compensation arising from damage while he/she is travelling to and from or at undertakes the responsibility for such cover consultancy a salary and related emolume d) The selected nominee will conduct himsel will refrain from engaging in any political	ealth insurance policy if he/she doe his assignment: e over 60 years of age, stating that he/sh surveillance programme? y ties (Please mark any previous activiti Workshop/Meeting Fellow assurances: omplete and correct; h(s), host country(ies) and host institution ge to or loss of personal property, or fro- ttending the Meeting/Workshop/Nation erage; ed for him/her and he/she will continue ents to enable him/her to meet his/her fin f/herself in a manner compatible with h and commercial activities; nority regarding the reliability and chara	s not have a medical condition which excludes e is in good health and able to undertake the mission es no es) wship/Scientific Visit Research Contract on(s) do not accept liability for the payment of any m illness, injury, disability or death of the nominee al Consultancy and it, the nominating authority, to receive during the Meeting/Workshop/National nancial commitments in his/her home country; is/her status as a participant in an IAEA event and acter of the nominee which would obstruct giving

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