

Grant Application Form

Symposium on International Safeguards: Addressing Verification Challenges

16 – 20 October 2006

Vienna, Austria

(To be completed only by participants from developing countries on whose behalf a grant is requested)

Full Name:	Mr/Ms:
Mailing Address:	Telephone No.:
	Telefax No.:
	Email Address:
Date of Birth (year/month/day):	Nationality:

1. EDUCATION (Post-Secondary)

Name and Place of Institution	Field of Study	Diploma or Degree	Years attended	
			from	to

2. RECENT EMPLOYMENT RECORD (Starting with your present post)

Name and place of employer/ organization	Title of your position	Type of work	Years attended	
			from	to

3. DESCRIPTION OF WORK performed over the last three years:

4. INSTITUTE'S/MEMBER STATE'S PROGRAMME IN FIELD OF MEETING

.....
 Date Signature of applicant

.....
 Date Name and title (printed) and signature of responsible Government official