

# NOMINATION FORM

## PART I – NOMINEE’S PERSONAL HISTORY

(Photo)

**Note:** — Please type or print clearly in CAPITAL LETTERS and prepare two copies including the original. The words “NIL” or “N/A” should be used where applicable.  
Do not leave any spaces blank.

**TITLE OF THE TWO-YEAR DIPLOMA PROGRAMME:** \_\_\_\_\_

**DATES:** \_\_\_\_\_

### 1. PERSONAL DATA:

Date of Birth: \_\_\_\_\_

Full Name \_\_\_\_\_  
First Middle Last

Month Day Year

Sex	Marital Status	Nationality	Religion
Male <input type="checkbox"/> Female <input type="checkbox"/>			
Passport Number	Airport of Departure		

Home Address \_\_\_\_\_

Tel. No. \_\_\_\_\_ Fax No. \_\_\_\_\_

Country code Area code Number Country code Area code Number

Mobile No. \_\_\_\_\_ E-mail address \_\_\_\_\_

Emergency Contact Name \_\_\_\_\_ Tel. No. \_\_\_\_\_

### 2. COLLEGE / UNIVERSITY EDUCATION:

Name of College/University	Period		Degree/Diploma acquired
	From	To	

### 3. EMPLOYMENT:

Present position/Title: \_\_\_\_\_

Department or Division: \_\_\_\_\_

Name of Organization: \_\_\_\_\_

Address: \_\_\_\_\_

Tel. No.: \_\_\_\_\_ Fax No.: \_\_\_\_\_

Country code Area code Number Country code Area code Number

**PART I – NOMINEE’S PERSONAL HISTORY – continued**

Type of Organization:  Government / Public  Private  International  Other

Describe your present duties:

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**4. DESCRIBE YOUR EXPECTATION FROM THIS TRAINING PROGRAMME:**

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**5. EMPLOYMENT RECORD:**

(Indicate last five years and/or last two positions)

Employer (name of firm /organization)	Position last held	Period		Duties and responsibilities
		From	To	

**6. FORMER TRAINING IN QATAR:** (if any)  Yes  No

Programme \_\_\_\_\_ Period \_\_\_\_\_  
Month/Year

**7. LANGUAGE PROFICIENCY – ENGLISH:**

	Excellent	Good	Fair	Poor	Remarks
Listening					
Speaking					
Writing					
Reading					

**PART I – NOMINEE’S PERSONAL HISTORY – continued**

Mother Tongue: \_\_\_\_\_  
Other Languages: \_\_\_\_\_

In case you speak English as a foreign language, it is required for you to certify your English proficiency. Please indicate any of your English proficiency test scores:

IELTS: \_\_\_\_\_ Score  TOFEL: \_\_\_\_\_ Score  TOEIC: \_\_\_\_\_ Score  Other: \_\_\_\_\_

**8. NOMINEE’S STATEMENT:**

- a) I understand that the scholarship will not become effective and no travel can be undertaken until I receive written notification and instructions of the award of scholarship from ICAO.
- b) Should I be awarded this scholarship I hereby undertake to:
  - i. Conduct myself, at all times, in a manner compatible with my status as holder of an ICAO scholarship;
  - ii. Devote all my time during the scholarship programme to the successful pursuit of my studies as directed by ICAO and the Qatar Aeronautical College;
  - iii. Refrain from engaging in political, commercial, or any activities detrimental to Qatar; and
  - iv. Return to my country following the termination of the training programme and apply my newly acquired knowledge to further the development of civil aviation in my country.

I certify to the best of my knowledge that all the information given above is true in all aspects.

Date: \_\_\_\_\_ Nominee’s signature: \_\_\_\_\_

**PART II – OFFICIAL NOMINATION**

The Government of \_\_\_\_\_ officially nominates  
(Name of country)

\_\_\_\_\_ for participation in \_\_\_\_\_  
(Full name of applicant)  
(Name of training course)

as organized by the Qatar Civil Aviation Authority (QCAA) and the Qatar Aeronautical College (QAC), and certifies that:

- 1) All information supplied by the applicant is complete and correct;
- 2) The applicant has an adequate knowledge of and/or expertise in the training field; and
- 3) The applicant has a sufficient proficiency of spoken and written English to enable him/her to follow the training programme.

Name of Organization: \_\_\_\_\_

Name of Authorized Official: \_\_\_\_\_

Position/Title: \_\_\_\_\_

Date: \_\_\_\_\_ Signature: \_\_\_\_\_

## NOMINATION FORM

*Note:* — This form must be completed in full and forwarded to [aisha.al-nuaimi@caa.gov.qa](mailto:aisha.al-nuaimi@caa.gov.qa) prior to the closing date of the training programme. Incomplete forms will not be considered.

### PART IV – NOMINATION BY GOVERNMENT

The Government of \_\_\_\_\_ hereby:

1. Nominates Mr./Mrs./Ms. \_\_\_\_\_ for

\_\_\_\_\_ (training programme name)

scheduled for \_\_\_\_\_ (training programme dates)

2. Declares that the objectives of this scholarship are:

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

3. Agrees that it will assume the responsibility for the nominee's transportation costs to and from Qatar.

4. Certifies that:

- a) the nominee will be in possession of a valid passport having a 6-month validity period beyond the scheduled termination date of the training programme requested.
- b) all sections of this Nomination Form have been duly completed and the nominee is suitable for the requested training programme.

\_\_\_\_\_  
Signature of Civil Aviation Authority

Contact Information: \_\_\_\_\_

Name: Mr./Mrs./Ms. \_\_\_\_\_

Title: \_\_\_\_\_ (type or print clearly)

Tel: \_\_\_\_\_ Fax: \_\_\_\_\_

Email: \_\_\_\_\_

Photograph of nominee

(to be affixed before examination)

### PART III – NOMINEE'S MEDICAL REPORT

*Note:* — Every nominee must undergo a medical examination conducted by a registered medical practitioner including thorough clinical and laboratory examinations and X-ray of chest. Medical papers (examination, laboratory, X-ray results, etc.) should not be forwarded unless requested.

The undersigned, Dr. \_\_\_\_\_ having completed the medical examination of the nominee Mr./Mrs./Ms. \_\_\_\_\_ whose photograph appears above, certifies the following:

The Nominee: \_\_\_\_\_

( [X] check as appropriate)

	YES <input type="checkbox"/>	NO <input type="checkbox"/>
1. Is physically able to travel abroad		
2. Is mentally and physically able to carry out intensive studies		
3. Is free from infectious diseases		
4. Has good hearing		
5. Has good eyesight		
6. Is free from ailments that require treatment or periodic medical examinations during the proposed duration of the training programme.		

\_\_\_\_\_  
Date

\_\_\_\_\_  
Signature of Medical Practitioner

**AFFIX OFFICIAL SEAL OR STAMP**  
(to be affixed across photograph also)