

Qatar-ICAO Developing Countries Scholarship Programme

2024

NOMINATION FORM	(Photo)
PART I – NOMINEE’S PERSONAL HISTORY	
<p><i>Note:</i> — 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.</p>	

TITLE OF THE TWO-YEAR DIPLOMA PROGRAMME: _____	DATES: _____
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1. PERSONAL DATA:			Date of Birth:			
Full Name _____		_____	_____	Month	Day	Year
First Middle Last						
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:

4. DESCRIBE YOUR EXPECTATION FROM THIS TRAINING PROGRAMME:

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)

_____ (Full name of applicant)

for participation in _____
(Name of training course)

as organized by the Qatar Civil Aviation Authority (QCAA) and the Qatar Aeronautical College (QAA), 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: _____

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)

1. Is physically able to travel abroad	YES <input type="checkbox"/>	NO <input type="checkbox"/>
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)

NOMINATION FORM

Note: — This form must be completed in full and forwarded to the Qatar Civil Aviation Authority (International.Cooperation@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.
 c) The form is stamped by the General Civil Aviation Authority or any comparable regulatory organization equivalent major body

 Signature of Civil Aviation Authority

Contact Information:

Name: Mr./Mrs./Ms. _____ (print clearly)

Title: _____ (print clearly)

Tel: _____ Fax: _____

Email: _____ (print clearly)