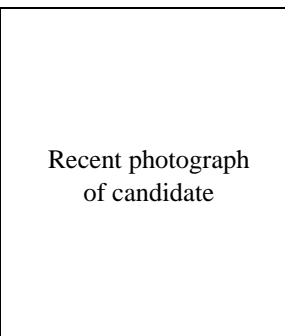




**The Government of:** \_\_\_\_\_  
nominates the following candidate for the **Training Course** on (indicate short title, place, dates): \_\_\_\_\_

Family name:
First name:
Complete mailing address (office):

Date of birth:
Place of birth:
Nationality:
Passport No.:
Date/Place of Issue:
Validity:
Telephone (office):
Fax:
e-mail:



**EDUCATION (commencing with secondary school)**

Years attended		Name and place of institution	Field of study	Diploma or degree
from	to			

**RECENT EMPLOYMENT RECORD**

Years of service		Name and place of employer/organisation	Title of position	Type of work
from	to			

**DESCRIPTION OF WORK**

Type of work done by the candidate during the past 3 years (Please attach list of any material the candidate may have published)

Has the candidate been, or will he/she be, involved in any IAEA-supported Technical Co-operation project?  
(please identify project and describe the nature of the candidate's involvement.)

**FELLOWSHIPS**

What fellowships have been awarded to the candidate and which training course(s) has he/she attended ? (indicate year, subject, host institution and place)

TA-3E/Rev.4 (Dec 92) Earlier versions of this form (TA-3E, TA-3E/Rev.1, TA-3E/Rev.2, TA-3E/Rev.) may still be used.

### RELEVANCE OF THE TRAINING

How is the Government going to make use of the training received by the candidate at the course ?

### LANGUAGE CERTIFICATE

I, as a qualified language examiner, hereby certify that I have examined the above candidate and give the following information on his/her language qualification:

- (a) Mother tongue of the candidate: \_\_\_\_\_  
(b) Other languages: \_\_\_\_\_  
(c) Language of the course: \_\_\_\_\_  
(d) Proficiency in the language of the course: \_\_\_\_\_

Read	Write	Speak	Understand
<input type="checkbox"/> Good	<input type="checkbox"/> Good	<input type="checkbox"/> Good	<input type="checkbox"/> Good
<input type="checkbox"/> Average	<input type="checkbox"/> Average	<input type="checkbox"/> Average	<input type="checkbox"/> Average
<input type="checkbox"/> Poor	<input type="checkbox"/> Poor	<input type="checkbox"/> Poor	<input type="checkbox"/> Poor

\_\_\_\_\_ Date

\_\_\_\_\_ Name (printed) and signature of examiner

### MEDICAL CERTIFICATE

I, as a qualified medical doctor, hereby certify that I have examined the above candidate and found him/her in good health, free from infectious diseases and able physically and mentally to carry out any relevant duties away from his/her home.

\_\_\_\_\_ Date

\_\_\_\_\_ Name (printed) and signature of examining physician

### GOVERNMENT STATEMENT

The nominating Government gives the following assurances:

- (a) All information supplied in this form is complete and correct;
- (b) Should the candidate's language qualification prove to be insufficient or should the candidate's state of health not correspond to the examining physician's statement, the nominating Government will accept the responsibility for the consequences and any costs arising therefrom;
- (c) It has noted that the sponsoring organisation(s), host country(ies) and host institution(s) do not accept liability for the payment of any costs or compensation arising from damage to or loss of personal property, or from illness, injury, disability or death of a participant while he/she is travelling to and from or attending the training course, and it, the nominating Government, undertakes the responsibility for such coverage;
- (d) The position of the candidate will be retained for him/her and he/she will continue to receive during the training course a salary and related emoluments to enable him/her to meet his/her financial commitments in his/her home country;
- (e) If selected the nominee will conduct himself/herself in a manner compatible with his/her status as a participant and will refrain from engaging in any political and commercial activities;
- (f) No facts are known to the Government as regards the reliability and character of the candidate that would militate against the granting of access to nuclear installations.

\_\_\_\_\_

Date

\_\_\_\_\_

Name and title (printed) and signature of certifying Government Official