Japan International Cooperation Agency **CONFIDENTIAL**

## Part B: Information about the Nominee

(to be completed by the Nominee)

NOTE>>>The applicants for Group and Region Focused Training Program are required to fill in "Every Item". As for the applications for Country Focused Training Program including Counterpart Training Program and some specified International Dialogue Programs, it is required to fill in the designated **"required"** items as is shown below.

**1. Title:** (Please write down as shown in the General Information) **(required)**

Regulatory Systems on Ensuring Access to Quality Medicines

**2. Number:** (Please write down as shown in the General Information) **(required)**

| J | 1 | 9 | - | 0 | 4 | 3 | 1 | 0 |
|---|---|---|---|---|---|---|---|---|

Attach the nominee's photograph (taken within the last three months) here
Size: 4x6
(Attach to the documents to be submitted.)

**3. Information about the Nominee (nos. 1-9 are all required)**

**1) Name of Nominee (as in the passport)**

**Family Name**

| J | I | K | I | A | | | | | | | | | | | | | | | |
|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|

**First Name**

| T | E | A | | | | | | | | | | | | | | | | | |
|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|

**Middle Name**

| | | | | | | | | | | | | | | | | | | | |
|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|

| | | | | | | |
|---|---|---|---|---|---|---|
| **2) Nationality (as shown in the passport)** | **Georgia** | | **5) Date of Birth (please write out the month in English as in "April")** | | | |
| **3) Sex** | ( ) Male | ( × ) Female | **Date** | **Month** | **Year** | **Age** |
| **4) Religion** | **Orthodox Christianity** | | **7** | **May** | **1977** | **41** |

**6) Present Position and Current Duties**

| | | | | | | | | |
|---|---|---|---|---|---|---|---|---|
| Organization | LEPL Drug Agency of Georgia | | | | | | | |
| Department / Division | | | | | | | | |
| Present Position | Deputy Head | | | | | | | |
| Date of employment by the present organization | Date | Month | Year | Date of assignment to the present position | Date | Month | Year | |
| | 03 | 01 | 2019 | | 03 | 01 | 2019 | |

**7) Type of Organization**

| | | |
|---|---|---|
| ( × ) National Governmental | ( ) Local Governmental | ( ) Public Enterprise |
| ( ) Private (profit) | ( ) NGO/Private (Non-profit) | ( ) University |
| ( ) Other ( ) | | |

**8) Outline of duties: Describe your current duties**

In charge of coordination and overall supervision of technical-specialized units of Agency.
LEPL Drug Agency is a national regulatory body in the field of pharmaceuticals.

### 9) Contact Information

| | | |
|---|---|---|
| Office | Address: Tsereteli ave. 144, Tbilisi, 0119 | |
| | TEL: | Mobile (Cell Phone): +995 577 591591 |
| | FAX: | E-mail: tjikia@moh.gov.ge |
| Home | Address: Beliashvili 12, flat 10, Tbilisi | |
| | TEL: | Mobile (Cell Phone): +995 599992662 |
| | FAX: | E-mail: teajikia77@yahoo.com |
| Contact person in emergency | Name: Merab Urushadze<br>Relationship to you: Husband | |
| | Address: Beliashvili 12, flat 10, Tbilisi | |
| | TEL: | Mobile (Cell Phone): +995 599473332 |
| | FAX: | E-mail: merabiur@yahoo.com |

### 10) Others (if necessary)

## 4. Career Record

### 1) Job Record (After graduation)

| Organization | City/ Country | Period | | Position or Title | Brief Job Description |
|---|---|---|---|---|---|
| | | From Month/Year | To Month/Year | | |
| Pharmaceutical Activities Department at State Regulation Agency for Medical Activities | Tbilisi | 11.2011 | 12.2018 | Deputy Head | In charge of coordination and overall supervision of specialized units of department |
| Division of Marketing Authorization, Pharmaceutical Activities Department at State Regulation Agency for Medical Activities | Tbilisi | 01.2009 | 11.2011 | Head Specialist | Peer reviewer, Assessment of scientific technical dossier for MA |
| Division of Marketing Authorization, Pharmaceutical Activities Department at State Regulation Agency for Medical Activities | Tbilisi | 03.2008 | 12.2008 | Senior specialist | Assessment of scientific technical dossier for MA |
| Department of Inspections. Drug Agency of Georgia | Tbilisi | 01.2007 | 02.2008 | Senior specialist | Inspections of retailers and wholesalers |
| Department of GMP Inspections. Drug Agency of Georgia | | 06.2006 | 12.2006 | Specialist | Inspections of pharmaceutical manufacturers |

### 2) Educational Record (Higher Education)(required)

| Institution | City/ Country | Period | | Degree obtained | Major |
|---|---|---|---|---|---|
| | | From Month/Year | To Month/Year | | |
| Georgian Academy of Sciences, Iovel Kutateladze Institute of Pharmacochemistry and Tbilisi State Medical University | Tbilisi | 09.2001 | 12.2006 | Candidate of Pharmaceutical Sciences (Scientific title awarded by the Georgian Academy of Sciences, equal to PhD) | Pharmaceutical technology, development of solid inhalation dosage forms |

| | | | | | |
|---|---|---|---|---|---|
| Tbilisi State Medical University, Faculty of Pharmacy. | Tbilisi | 09.1996 | 07.2001 | Degree in a Pharmacy equated to Master degree | Basic and advanced pharmaceutical disciplines |
| | | | | | |

**3) Training or Study in Foreign Countries;** ***please write your past visits to Japan specifically as much as possible, if any.***

| Institution | City/ Country | Period | | Field of Study / Program Title |
|---|---|---|---|---|
| | | From Month/Year | To Month/Year | |
| WHO PQT | Denmark / Copenhagen | 01.2012 | 01.2012 | Training for quality assessors (theoretical training with written exam) |
| WHO PQT | Denmark / Copenhagen | 05.2011 | 05.2011 | Training for quality assessors (practical) |
| WHO PQT | Denmark / Copenhagen | 01.2011 | 01.2011 | Training for quality assessors (theoretical training with written exam) |
| Centre for Drug Policy and Pharmacy Practice Development, " Pharmakon" | Denmark /Hillerod | 08.2006 | 09.2006 | The first training module for pharmaceutical inspectors. |
| Mediterranean University, Faculty of Pharmacy, Laboratory of Galenic Preparations, Industrial Pharmacy and Cosmetology | Marseille / France | 10.2003 | 07.2004 | Pharmaceutical technology, development of solid inhalation dosage forms – dry powder inhalation formulation |
| "Technologie Servier", Drug Delivery Research Department | Orleans/ France | 09.2004 | 04.2005 | Pharmaceutical technology, development of solid inhalation dosage forms – dry powder inhalation formulation |
| Laboratory of Microbiology, Virology and Hygiene. Timone Hospital, | Marseille / France | 05.2005 | 08.2005 | Pharmaceutical technology, development of solid inhalation dosage forms – dry powder inhalation formulation, microbiological part |

## 5. Language Proficiency (required)

| | | | | |
|---|---|---|---|---|
| 1) Language to be used in the program (as in GI) | | | | |
| Listening | ( × ) Excellent | ( ) Good | ( ) Fair | ( ) Poor |
| Speaking | ( × ) Excellent | ( ) Good | ( ) Fair | ( ) Poor |
| Reading | ( ×) Excellent | ( ) Good | ( ) Fair | ( ) Poor |
| Writing | ( × ) Excellent | ( ) Good | ( ) Fair | ( ) Poor |
| Certificate (Examples: TOEFL, TOEIC) | | | | |
| 2) Mother Tongue | Georgian | | | |
| 3)Other languages ( Russian) | ( × ) Excellent | ( ) Good | ( ) Fair | ( ) Poor |

| | | | | |
|---|---|---|---|---|
| 4) French | ( ) Excellent | ( ) Good | ( ) Fair | ( ×) Poor |

[1] Excellent: Refined fluency skills and topic-controlled discussions, debates & presentations. Formulates strategies to deal with various essay types, including narrative, comparison, cause-effect & argumentative essays.

[1] Good: Conversational accuracy & fluency in a wide range of situations: discussions, short presentations & interviews. Compound complex sentences. Extended essay formation.

[1] Fair: Broader range of language related to expressing opinions, giving advice, making suggestions. Limited compound and complex sentences & expanded paragraph formation.

[1] Poor: Simple conversation level, such as self-introduction, brief question & answer using the present and past tenses.

## 6. Expectation on the applied training and dialogue program

**1) Personal Goal: Describe what you intend to achieve in the applied training and dialogue program in relation to the organizational purpose described in Part A-2.**

My personal goal is to gain more experience, more knowledge, develop new skills, to get acquainted with stringent pharmaceutical regulatory system established in Japan. Training course is an excellent opportunity to meet colleagues, share experience, to discuss challenges in countries with well-established regulatory systems and in countries where pharmaceutical regulatory system is insufficient. As all of us share the main goal – to establish functional pharmaceutical regulatory system in the world, all of us should be properly armed with the knowledge, experience and appropriate information in order to build functional regulatory system in our own countries and ensure access to high-quality medicines. Georgia is facing many challenges as we are in the initial stage of the regulatory system reform and international cooperation is very important for successful implementation of the goals.

**2) Relevant Experience: Describe your previous vocational experiences which are highly relevant in the themes of the applied training and dialogue program. (required)**

Almost all topics of the course are directly related to the main functions of Agency where I`m working since 2006. I`ve started to work at Agency as Inspector. Later, approximately during 4 years, I was performing quality part assessment of technical dossier for marketing authorization of medicines, including biologicals. Since 2011, coordination and supervision of main units of the regulatory body was my daily work.

**3) Area of Interest: Describe your subject of particular interest with reference to the contents of the applied training and dialogue program. (required)**

Pharmaceutical Administration in Japan, Japan`s Medical Insurance system and Drug price, generic medicines market, Health Technology Assessment (HTA) system in Japan, Regulation of traditional herbal medicines, International cooperation.

## *7. Declaration (to be signed by the Nominee) (required)

I certify that the statements I have made in this form are true and correct to the best of my knowledge.
If accepted for the program, I agree:

(a) not to bring or invite any member of my family (except for a program whose period is one year or more),
(b) to carry out such instructions and abide by such conditions as may be stipulated by both the nominating government and the Japanese Government regarding the program,
(c) to follow the program, and abide by the rules of the institution or establishment that implements said program,
(d) to refrain from engaging in political activity or any form of employment for profit or gain,
(e) to return to my home country at the end of the activities in Japan on the designated flight schedule arranged by JICA,
(f) to discontinue the program if JICA and the applying organization agree on any reason for such discontinuation and not to claim any cost or damage due to the said discontinuation.

(g) to consent to waive any copyright holder's rights for documents or products produced during the project, against duplication and/or translation by JICA, as long as they are used for the purposes of the program.

(h) to approve the privacy policy and the copyright policy mentioned in the Guidelines of Application.

JICA's Information Security Policy in relation to Personal Information Protection

- JICA will properly and safely manage personal information collected through this application form in accordance with JICA's privacy policy and the relevant laws of Japan concerning protection of personal information and take protection measures to prevent divulgation, loss or damages of such personal information.

- Unless otherwise obtained approval from an applicant itself or there are valid reasons such as disclosure under laws and ordinances, etc.; and except for the following 1.-3., JICA will neither provide nor disclose personal information to any third party. JICA will use personal information provided only for the purposes in the following 1.-3 and will not use for any purpose other than the following 1.-3 without prior approval of an applicant itself.

1. To provide technical training to technical training participants from developing countries.

2. To provide technical training to technical training trainees from developing countries under the Citizens' Cooperation Activities..

3. In addition to 1. and 2. above, if the government of Japan or JICA determines necessary in the course of technical cooperation.

(i) to observe Japanese laws and ordinances during my stay, if I violate Japanese laws and ordinances, I will return the total amount or a part of the expenditure required for the training depending on the extent of the violation.

(j) to understand that JICA does not assure issuance of Japan entry visa even after JICA decide to accept me. I understand the Embassy of Japan will decide it according to necessary formalities upon the submission of visa application from each participant.

| | |
|---|---|
| Date: 29.03.2019 | Signature: T. Jikia |
| | Print Name: Tea Jikia |

Japan International Cooperation Agency

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## MEDICAL HISTORY

1. Present Medical Status

(a) Do you currently use any medicine or have regular medical checkup by a physician for your illness?

| | |
|---|---|
| [ × ] No | [ ] Yes: Name of illness ( ), Name of medicine ( ) |
| | *If yes, please attach your doctor's letter (preferably, written in English) that describes current status of your illness and agreement to join the program.* |

(b) Are you pregnant?

| | |
|---|---|
| [ × ] No | [ ] Yes: Months of pregnancy ( months) |

(c) Are you allergic to any medication or food?

| | |
|---|---|
| [ × ] No | [ ] Yes: What are you allergic to? ( ) |

(d) Please indicate any needs arising from disabilities that might necessitate additional support or facilities.

( )

*Note: Disability does not lead to exclusion of persons with disability from the program. However, upon the situation, you may be directly inquired by the JICA official in charge for a more detailed account of your condition.*

2. Past Medical History

(a) Have you had any significant or serious illness?

| | |
|---|---|
| [× ] No | [ ] Yes: Please specify ( ) |

(b) Have you ever been a patient in a mental clinic or been treated by a psychiatrist?

| | |
|---|---|
| [ × ] No | [ ] Yes: Please specify ( ) |

3. Other Medical Problems

If you have any medical problems that are not described above, please indicate below.

I certify that I have read the above instructions and answered all questions truthfully and completely to the best of my knowledge.

I understand and accept that medical conditions resulting from an undisclosed pre-existing condition may not be financially compensated by JICA and may result in termination of the program.

| | |
|---|---|
| Date: 29.03.2019 | Signature: T. Jikia |
| | Print Name: Tea Jikia |