



NOMINATION FOR TC MEETING

The Government (nominating authority) of

Nominates the person indicated below for the following event organized under TC project
(event title), (location), (dates)

1. PERSONAL INFORMATION

Gender: ☒ Female ☐ Male	Nationality: Georgian
Family name (as in passport): Darakhvelidze	2nd nationality (if any):
Middle name (if any, as in passport):	Passport No.: 10SP 01 057
First/given name (as in passport): Marina	Date of issue: YYYY-MM-DD 2014-12-24
Date of birth: YYYY-MM-DD 1970-10-14	Place of issue: Ministry of Foreign Affairs
Place of birth: Tsageri, Georgia	Valid until: YYYY-MM-DD 2018-12-24

2a. OFFICE ADDRESS

Institute name: Ministry of Health
Institute address: 144 Ak. Tsereteli ave.
PO Box:
Zip Code: 0159
Town/City: Tbilisi
State:
Country: Georgia
Telephones (including country/city codes):
Office: +995 32 251 0045
Cellular:
Email: mdarakhvelidze@moh.gov.ge
Web: moh.gov.ge
Airport/town nearest to residence:

2b. HOME ADDRESS

Address: Dighomi, quarter 1, House 12, apt 1B
PO Box:
Zip Code: 0159
Town/City: Tbilisi
State:
Country: Georgia
Telephones (including country/city codes):
Home: -
Cellular:
Email: mdarakhvelidze@moh.gov.ge
Web:

3. LANGUAGE SKILLS

Mother tongue:

Language	Speak	Read	Write
Georgian	F	F	F
English	F	F	W
Russian	F	F	F

Description:

FLUENT (F)	Speak, read and write nearly as well as mother tongue
WORKING KNOWLEDGE (W)	Engage freely in discussions, read and write more complex material
LIMITED (L)	Limited conversation, reading of newspapers, routine correspondence

4. EDUCATION

Start date: 2006	Institution: The University of Ilia Chavchavadze	
(Anticipated) Graduation date: 2008	Institution city: Tbilisi	Institution country: Georgia
Education level (achieved): Master Degree	Main course of study: Law	
	Specialization: Law	
Start date: 2002	Institution: The University of Ilia Chavchavadze	
(Anticipated) Graduation date: 2006	Institution city: Tbilisi	Institution country: Georgia
Education level (achieved): Diploma (Master Degree)	Main course of study: English Language	
	Specialization: English Language	
Start date: 1988	Institution: Tbilisi State Medical University	
(Anticipated) Graduation date: 1992	Institution city: Tbilisi	Institution country: Georgia
Education level (achieved): MD	Main course of study: Medicine	
	Specialization: Medicine	

5. WORK EXPERIENCE		
Current job: ☒ Yes ☐ No		
Employer: Ministry of Health	Type of business: Public servant	
Job function: Developing of health care policies 2013-09-24 - till today	Exact title of post: Head of Health Care Department Tbilisi, Georgia	
Current job: ☐ Yes ☐ No		
Employer:	Type of business:	
Job function:	Exact title of post:	
Start date:	Work location (city/country): /	
Current job: ☐ Yes ☐ No		
Employer:	Type of business:	
Job function:	Exact title of post:	
Start date:	Work location (city/country): /	
6. HEALTH AND RADIATION		
I declare that I am in good health, free from infectious diseases and able physically and mentally to carry out any relevant duties away from home. ☒ Yes ☐ No		
If you have a physical disability or medical condition which might limit your ability to perform your assignment, please indicate the limitations below:		
A certificate of good health dated not more than three months prior to the assignment must be submitted for all candidates over the age of 65.		
Are you covered under a radiation surveillance programme in your country?		
☐ Yes Please provide the dose records for the past five years.	☒ No Please provide: - A medical certificate or personal declaration of health fitness to work with ionizing radiation; - Information on your training in radiological protection; - The dose records of the past five years (if available).	
Radiation Surveillance Remarks:		
7. DESCRIPTION OF WORK		
Past work done by the nominee which is relevant to the event: Developing of Health care policies, state programs and the regulatory mechanisms		
8. PREVIOUS PARTICIPATION IN IAEA ACTIVITIES		
Have you been or will you be involved in any IAEA activity?: ☐ Yes ☒ No		
If yes, please each activity below:		
9. COUNTRY APPROVAL		
The nominating authority gives the following assurances: - All information supplied by the applicant is complete and correct; - It is noted that the sponsoring organization(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 the nominee while he/she is travelling to and from or attending the Meeting and it, the nominating authority, undertakes the responsibility for such coverage; - The position of the nominee will be retained for him/her and he/she will continue to receive during the Meeting a salary and related emoluments to enable him/her to meet his/her financial commitments in his/her home country; - The selected nominee will conduct himself/herself in a manner compatible with his/her status as a participant in an IAEA event and will refrain from engaging in any political and commercial activities; - No facts are known to the nominating authority regarding the reliability and character of the nominee which would obstruct giving him/her access to nuclear installations or institutions where ionizing radiation is used.		
SIGNATURE OF COUNTERPART	NAME	DATE
SIGNATURE OF NLO 3. [Signature]	NAME V. Gedevarashvili	DATE June 12, 2014