APPLICATION FORM

FOR OFFICIAL USE ONLY

Reference no : _____
Received : _____
Checked : _____

SHORT TERM COURSE IN MALAYSIA UNDER THE MALAYSIAN TECHNICAL COOPERATION PROGRAMME (MTCP)

Please type or write clearly in capital letters. Do not leave any space blank. Use "NIL" or "N/A" where applicable

TITLE OF COURSE: MTCP	Date of commencement: 19.06.2018
NAME OF IMPLEMENTING AGENCY : INSTITUT OF MEDICIN RESEARCH	

1. PERSONAL DATA

Family Name (surname) : TEVDORADZE	Date of birth : Day 26 | Month 07 | Year 1975
First Name : TEA	Nationality (citizenship) : GEORGIA
Other Names : N/A	Gender : Male / Female # FEMALE
City and country of birth : GEORGIA	Marital status : Single / Married # MARRIED
Passport No : 10AB91705 Type of Passport: PASSPORT Expiry Date: 24FEB2021	Religion : ORTHODOX CHRISTIAN

Delete accordingly

2. COMMUNICATION AND MAILING ADDRESS

Applicant's Office Address : 16 KAKHETI HIGHWAY, TBILISI, 0109, GEORGIA	Applicant's Postal / Home Address : 16, IB BLK, III DISTR., DIGOMI, TBILISI
Mobile Phone Number +995 | 577 | 387015 (Country | Area | Number)	Home telephone +995 | 32 | 2522765 (Country | Area | Number)
Office telephone +995 | 32 | 2243424 (Country | Area | Number) / Telefax N/A (Country | Area | Number)	Email t.tevdoradze@ncdc.ge
Person to be contacted **in case of emergency** : Name : NIKOLOZ TETRASHVILI Telephone : +995 599337686 Mobile Phone Number: _____ Address : 16, IB BLOCK, III DISTR, DIGOMI, TBILISI Email : NUNI@POSTA.GE	

NOTE : This application form should be duly completed and endorsed by the Ministry of Foreign Affairs or the National Focal Point for Technical Assistance in your country. Forms which are incomplete or not endorsed will not be accepted

3. EDUCATION (list in order of time, starting with latest/most recent institution attended)

Name of institution and place of study	Major field of study	Years of study : from - to	Degree
TBILISI STATE UNIVERSITY, TBILISI, GEORGIA	BIOLOGY	1992-1998	MS
TBILISI STATE UNIVERSITY	MOLECULAR BIOLOGY	2004-2006	PhD

4. EMPLOYMENT RECORD

A. Present or most recent post	B. Previous post
Employer : NATIONAL CENTRE FOR DISEASE CONTROL & PUBLIC HEALTH, GEORGIA	Employer : N/A
Years of service (from – to) :	Years of service (from – to) :
Title of your post/position : SENIOR SPECIALIST	Title of your post/position :
Present salary per month (US Dollars) : 500$	Salary per month (US Dollars) :
Name of supervisor and title : GVANTSA CHANTURIA, HEAD of LABORATORY	Name of supervisor and title :
Type of organization : GOVERMENT Government / Semi Government / Private / NGO #	Type of organization Government / Semi Government / Private / NGO #
Main functions of organization : PUBLIC HEALTH	Main functions of organization :
Total number of employees : 500	Total number of employees :

Delete accordingly

Description of your work including your responsibility : I AM MOLECULAR BIOLOGYST IN THE LABORATORY OF VIROLOGY, MOL.-BIOLOGY AND GENOMIC RESEARCH. I AM RESPONSIBLE FOR DETECTION AND TYPING OF DIFFERENT VIRAL AND BACTERIAL AGERNTS (INCLUDING EDPs).

Please continue on supplementary pages if necessary

NOTE : This application form should be duly completed and endorsed by the Ministry of Foreign Affairs or the National Focal Point for Technical Assistance in your country. Forms which are incomplete or not endorsed will not be accepted

5. REASONS FOR APPLYING THIS COURSE

Please state briefly the reasons for applying to this course and how you hope to benefit from the programme.

IDENTIFICATION AND CHARACTERIZATION OF DIFFERENT BACTERIAL AND VIRAL PATHOGENS IS MY MAIN DUTY IN THE LABORATORY. I BELIEVE THAT KNOWLEDGE GAINED AFTER THIS TRAINING WILL ENHANCE MY ABILITY AND LABORATORY CAPACITY FOR RAPID AND BETTER IDENTIFICATION OF THIS PATHOGEN. OVERALL, IT WILL BE BENEFICIAL FOR GEORGIAN PUBLIC HEALTH

Please continue on supplementary pages if necessary

Have you participated in any training programme in Malaysia before? : YES / No # NO

Name of programme	Organizer	Year

Have you participated in any MTCP training programme in Malaysia before? : YES / NO # NO

Name of Course	Name of Training Institute	Year

Delete accordingly

6. ENGLISH LANGUAGE PROFICIENCY (Kindly provide certificate as proof of proficiency)

	Excellent	Good	Fair	Basic	Remarks
Listening	X				
Speaking	X				
Writing		X			
Reading	X				

Mother tongue : GEORGIA

Language test administered by : _____

Title : _____

Address : _____

_____

Tel Number : _____

Email : _____

Date and signature : _____

NOTE : This application form should be duly completed and endorsed by the Ministry of Foreign Affairs or the National Focal Point for Technical Assistance in your country. Forms which are incomplete or not endorsed will not be accepted

7. MEDICAL REPORT (to be completed by an authorized physician)

Name of Applicant: Tea Tevdoradze			
Age: 42	Gender: Female	Height: 172 cm	Weight: 64 kg
Blood Pressure:			
Blood Group: ☐ A ☐ B ☐ AB ☑ O ☐ Other ( )			
Is the person examined at present in good health? Yes		Is the person examined physically and mentally able to carry out intensive training away from home? Yes	
Is the person free of infectious diseases (AIDS, tuberculosis, trachoma, skin diseases etc..)? Yes		Does the person examined have any condition or defect (including teeth) which might require treatment during the course? NO	
List any abnormalities indicated in the chest X ray: NO		Pregnancy Test (for women): NO	

I certify that the applicant is medically fit to undertake a course in Malaysia.

Name of Physician : Keti Taparidze

Address of Clinic (printed) : 39 chavchavadze av. Tbilisi

Telephone (printed) : +995 322 43-43-10

Email : keta_tope@yahoo.com Date : 19.06.2018

Signature of Physician : K. Taparidze Seal of Clinic

NOTE : This application form should be duly completed and endorsed by the Ministry of Foreign Affairs or the National Focal Point for Technical Assistance in your country. Forms which are incomplete or not endorsed will not be accepted

8. APPLICANT'S DECLARATION

I, TEA TEVDORADZE of GEORGIA
Name of applicant Representing Country

Declare that:

a) All information provided is true, complete and accurate to the best of my belief and knowledge, and that I have not wilfully suppressed any material facts;
b) I am medically fit and free from any medical problems which may impair my ability to attend and complete the training in Malaysia;
c) I will be personally liable for **all** medical expenses due to pre-existing conditions/illnesses incurred during my stay in Malaysia after my admission to any Malaysian government hospitals/clinics, and also other than those covered under the Group Personal Accident Insurance. (All successful participants are covered under Group Personal Accident. The Group Personal Accident does **not** cover any pre-existing conditions/illnesses or any outpatient medical/dental treatment. Participants are personally liable for medical expenses beyond what is covered by the insurance policy. **As the coverage is limited, participants are advised to make their own arrangements to obtain adequate medical insurance coverage for their stay in Malaysia**; and
d) For pregnant female applicants only: I am _____ months pregnant and am/am not certified by a qualified doctor to be medically fit and in good health to travel and attend the training in Malaysia

Upon successful selection for the training award, I undertake to:

a) carry out instructions and abide by such terms and conditions as may be stipulated by the nominating and host governments in respect of this training course;
b) abide by the rules and regulations of the training institution in which I undertake to study in or be trained under;
c) submit/present any report which may be required;
d) refrain from engaging in political activities and any form of employment for profit or gain;
e) return to my home country upon completion of the training; and
f) discontinue the course should I be found guilty of misconduct or be medically unfit.

I fully understand that if I fail to comply with the terms and conditions of the training award, and/or any of the above declarations are found to be untrue, the award will be terminated with immediate effect and I will be liable to depart from Malaysia at my own expense.

_____ _____
Date Signature of applicant

NOTE : This application form should be duly completed and endorsed by the Ministry of Foreign Affairs or the National Focal Point for Technical Assistance in your country. Forms which are incomplete or not endorsed will not be accepted

9. **TO: GOVERNMENT OF MALAYSIA**

LETTER OF INDEMNITY

I Tea Tevdoradze, Passport Number: 10AB91705 having an address at 16 1B BLK, III DISTR, DIGOMI hereby declare that I shall be personally liable for and shall indemnify the Government of Malaysia and MTCP (name of the training institute) against all liabilities, claims, losses, demands, actions, suits, proceedings, costs or expenses, in part/total, whatsoever arising under the laws of Malaysia or common law which may be made or taken against the Government of Malaysia and/or IMR (name of the training institute) or incurred or become payable by the Government of Malaysia and/or MTCP (name of the training institute) in respect of any medical illness, personal injury (whether fatal or otherwise), or the death of any person, by reason of my carelessness, negligence, omission or default, in the course of my training with MTCP (name of the training institute) which is appointed by the Government of Malaysia.

Dated this 19 day 06 of 2018,

Signature of applicant)
Name of applicant Tea Tevdoradze)
Date 19.06.2018)

In the presence of
Signature of Witness)
Name of Witness Ekaterine Zangaladze
Designation of Witness Head of CaE.)
I/C or Passport No. 10BA52099)

NOTE : This application form should be duly completed and endorsed by the Ministry of Foreign Affairs or the National Focal Point for Technical Assistance in your country. Forms which are incomplete or not endorsed will not be accepted

10. TO BE COMPLETED BY THE NOMINATING GOVERNMENT

Reasons for applicant's selection

The post which the applicant will be required to fill upon satisfactory completion of training

Relevance of the course to applicant's job

NOTE : This application form should be duly completed and endorsed by the Ministry of Foreign Affairs or the National Focal Point for Technical Assistance in your country. Forms which are incomplete or not endorsed will not be accepted

11. TO BE COMPLETED BY THE NOMINATING GOVERNMENT

OFFICIAL DECLARATION

On behalf of the Government of _____ (Country), I _____ (Name of Official)

Certify that :

a) I have examined the educational, professional or other certificates quoted by the applicant in this form and I am satisfied that they are authentic and relate to the applicant
b) The applicant is medically fit and free from infectious disease and that, having regard to his/her physical and mental history, there is no reason to suppose that the applicant is other than fit to undertake the journey to Malaysia and to remain in Malaysia for the duration of training;
c) Should the nominee seek medical consultation/treatment for his/her pre-existing conditions/illnesses during his/her period of stay in Malaysia, he/she would be personally liable for all medical expenses incurred, other than those covered under the Group Personal Accident Insurance; an
d) The applicant has attained a level of proficiency in both spoken and written English to enable him/her to follow the course of study/training for which he/she is being nominated.

I nominate (Dr/Mr/Mrs/Ms*) _____ holding Passport No.: _____ for the training course.

_____ Name and Designation

_____ Signature and Official Stamp

_____ Name and Organisation

_____ - _____ - _____ Country code Area code Office tel no.

_____ Email address

_____ - _____ - _____ Country code Area code Office tel no.

Endorsement by the nominating country's Ministry of Foreign Affairs or the National Focal Point for Technical Assistance:

_____ Name

_____ Email Address

(Ministry's Official Stamp)

_____ Designation

_____ Name of Organisation

_____ Signature

_____ - _____ - _____ Country code Area code Office tel no.

_____ - _____ - _____ Country code Area code Office tel no.

NOTE : This application form should be duly completed and endorsed by the Ministry of Foreign Affairs or the National Focal Point for Technical Assistance in your country. Forms which are incomplete or not endorsed will not be accepted