



The National Government of

Herewith transmits the application of

Official name(Surname)

Other names

for a fellowship to study

Subject of study

Supported by project

Project/ Allotment Identification number

**I. OBSERVATION AND RECOMMENDATION OF SELECTION COMMITTEE**

	Yes	No
<b>The Selection Committee considers that:</b>		
1. The proposed studies		
1). Will reflect the national priorities	<input type="checkbox"/>	<input type="checkbox"/>
2). Relate to a primary / secondary /tertiary level programme of technical cooperation with WHO (if any ) name of programme / project	<input type="checkbox"/>	<input type="checkbox"/>
3). Can be achieved within the country	<input type="checkbox"/>	<input type="checkbox"/>
2. The Candidate		
1). Has sufficient educational background to undertake the proposed studies	<input type="checkbox"/>	<input type="checkbox"/>
2). Has sufficient experience to profit from the proposed studies	<input type="checkbox"/>	<input type="checkbox"/>
3). Has sufficient motivation	<input type="checkbox"/>	<input type="checkbox"/>
4). Has sufficient language ability to pursue the proposed studies	<input type="checkbox"/>	<input type="checkbox"/>
Is supported by a certificate of language proficiency	<input type="checkbox"/>	<input type="checkbox"/>
Will sit for a language examination as arranged by WHO	<input type="checkbox"/>	<input type="checkbox"/>
5). Has a satisfactory medical record and can pursue the proposed studies without any physical and mental difficulty	<input type="checkbox"/>	<input type="checkbox"/>
3. The proposed duration of studies is suitable		
In consideration of these, the Selection Committee recommend:		
<input type="checkbox"/> to award this fellowship as requested		
<input type="checkbox"/> to award this fellowship with the following modifications		
◆ subject of study		
(Institution / Country)		
◆ site of studies		
duration of studies months                      weeks		
<input type="checkbox"/> not to award this fellowship		

Date

Signature .....

(Chairman of the Selection Committee)

**II. ENDORSEMENT BY GOVERNMENT**

The National Government

1. Duly appreciates the recommendations made by the selection Committee,
2. Believe that the studies to be made under this fellowship are necessary for the strengthening of the health services of the country,
3. Expects that full use will be made of the Fellow in the field covered by the fellowship on his/her return home,
4. Confirms that :
  - 1). The absence of the candidate from the present post during the studies will not have any adverse effect on his / her status,
  - 2). The following employment proposal will be made upon his / her return from the fellowship:

Name of the Institute

Title of post

Duties and responsibilities :

5. Endorses the award of the fellowship with the above – stated conditions.

Date

Signature .....

Title

Official Address

**III. ENDORSEMENT BY WHO REGIONAL OFFICE**

I endorse this application for up to months          weeks          of study


The proposed studies will be charged to

Allotment number

suffix(if required)

Date

Signature .....

WORLD HEALTH ORGANIZATION		FELLOWSHIP APPLICATION	Attach recent photograph here
<p><b><u>IMPORTANT</u></b></p> <p>Please answer each question clearly and completely. Detailed answers are required to ensure the most appropriate study arrangements. Before attempting to fill in this form please read the instructions attached Please submit four typewritten copies. If necessary, additional pages of the same size may be attached Please complete in a language appropriate to the country of study. Be sure to sign and date the form</p>			
<b>1. PERSONAL DATA</b>			
1) Family name (Surname)		First/other names <input type="checkbox"/> Dr <input type="checkbox"/> Mr <input type="checkbox"/> Mrs <input type="checkbox"/> Miss <input type="checkbox"/> Ms	
2) City and country of birth	Date of Birth (day/month/year)	Nationality	Marital status  Sex <input type="checkbox"/> M <input type="checkbox"/> F
3) Mailing Address		Office telephone	
		Office fax	
		Office telex	
4) Home Address		Home telephone	
		Home fax	
		E-Mail	
5) Name and address of person to be notified in case of emergency		Relationship	
Office telephone		Home telephone	
Fax		E-Mail	
Telex		Fax	
<b>2. LANGUAGE ABILITY</b>			
<b>MOTHER TONGUE:</b>			
1) For language(s) other than mother tongue enter below the appropriate letter from the code system at right to indicate your level of skill. Note that you may be required to take a language proficiency test		<b>Understanding of spoken language</b>	
Language	Understand	Speak	Read
Write	A I understand at the level of university instruction		
	B I understand at the level of normal conversation		
	C I understand simple daily usage		
	<b>Speaking ability</b>		
	A I speak at the level of university discussion		
	B I speak well enough to engage in normal conversation		
	C I speak adequately to meet limited social needs		
	<b>Reading ability</b>		
	A I can read without difficulty all technical material in my field		
	B I can read with some difficulty all technical material in my field		
	C I can read newspaper articles and similar material		
	<b>Writing ability</b>		
	A I can write technical papers and reports easily		
	B I can write technical reports with some difficulty		
	C I can write ordinary correspondence		

<b>2) Test(s) of language proficiency. Indicate any test(s) of language proficiency ever taken</b>				
<b>Name of Test</b>	<b>Date</b>	<b>Place</b>	<b>Results</b>	<b>Attach official copy(ies) of the certificate(s) or test results</b>
<b>3) Language experience</b>				
Indicate your previous experience in the language(s) of your proposed study resulting from residence in a country where that language is spoken, or studies in an institution at home or abroad for which that language is the medium of communication				
<b>Dates From / To</b>	<b>Country and Institution (if any)</b>	<b>Activity undertaken</b>	<b>Language</b>	
<b>3. FELLOWSHIP(S) PREVIOUSLY AWARDED</b>				
Indicate any fellowship(s) which you were previously awarded				
<b>Dates (From/To)</b>	<b>Awarding Body</b>	<b>Place of Study</b>	<b>Field of study</b>	<b>Language used</b>
<b>4. EDUCATION</b>				
Provide full details in chronological order. Give the exact name of the institution and the title of degrees /certificates / diplomas. Exclude primary/secondary school(s) if you have a university qualification or equivalent. Include courses and postgraduate studies in your professional or related fields				
<b>Dates From / To</b>	<b>Institution (name, city and country)</b>	<b>Qualification Obtained</b>	<b>Major Fields of study</b>	<b>Language used</b>

**5. EMPLOYMENT RECORD**

Beginning with your present post, provide precise details of your responsibilities and activities and describe what you are doing (supervising planning, training, etc.). Give particular attention to any duties which relate to your qualifications for this fellowship or to your need for the further study proposed.

<b>a. Present post</b>	List your specific duties
From: _____ To: present	
Title of your post Name and address of employer Name and address of supervisor Type of employment <input type="checkbox"/> Public service <input type="checkbox"/> Private <input type="checkbox"/> Teaching <input type="checkbox"/> Research <input type="checkbox"/> Other	
<b>b. Previous post</b>	List your specific duties
From: _____ To: _____	
Title of your post Name and address of employer Name and address of supervisor Type <input type="checkbox"/> Public service <input type="checkbox"/> Private <input type="checkbox"/> Teaching <input type="checkbox"/> Research <input type="checkbox"/> Other	
<b>c. Preceding post</b>	List your specific duties
From: _____ To: _____	
Title of your post Name and address of employer Name and address of supervisor Type <input type="checkbox"/> Public service <input type="checkbox"/> Private <input type="checkbox"/> Teaching <input type="checkbox"/> Research <input type="checkbox"/> Other	

**6. PROPOSED FIELD OR SUBJECT OF STUDY**

- 1) Field or subject of study
- 2) Indicate name(s) of the programme/project of technical co-operation with WHO, if any, in which you are currently involved

**7. FELLOWSHIP STUDY OBJECTIVES**

a. The following information provided by **you and your Government** will enable the WHO Placement Officer to plan your programme. It is of the utmost importance that the Officer fully understands your wishes to ensure maximum relevance, efficiency and effectiveness of your study in terms of: expertise (knowledge to be assimilated); practical skills (applications to be mastered); attitudes (behaviours to be adopted). State precisely and in detail the knowledge and/or skills you wish to acquire:

(1)

(2)

(3)

**Please utilize page 6 for additional remarks:**

b. Based on your objectives as stated above, please complete the following statement: On completion of my fellowship study, I hope to be able to:

(1)

(2)

(3)

(4)

(5)

**Please utilize page 6 for additional remarks:**

**8. PROPOSED STUDY**

1) To achieve my fellowship objectives I wish to (please circle a and/or b as applicable):

a) Undertake an academic course. State which academic qualification you are seeking:

**Name of qualification**

Degree -----

Diploma -----

Other qualification -----

b) Undertake observation visits or practical attachments :

2) List one or more Institutions where you believe the fellowship objectives outlined In Item 7(a) can be best achieved. Please Indicate if you have already contacted these institutions and attach related correspondence and/or other documents. Also, Indicate which objectives listed In Item 7(a) can be fulfilled at this institution. The information requested In this section is most important since it will aid WHO in arranging a programme relevant to your stated objectives. **PLEASE UTILIZE PAGE 6 IF YOU WISH TO PROVIDE ADDITIONAL INFORMATION**

Institution Include address and name of Proposed Host, if known	Country	Duration of Proposed Study and Objectives

**9. PROPOSED DURATION OF STUDY**                      **Total :**                      **Months :**                      **Weeks:**

**10. WHAT DO YOU PROPOSE TO DO AFTER COMPLETION OF STUDY?**

1) Explain the practical use you expect to make of your studies on your return home and the responsibilities you expect to assume:

How will it contribute to health development in your country?

2) Indicate which service, programme or project in your country will benefit from the knowledge and skills you propose to acquire, with special reference to Primary Health Care or the WHO Health for All strategy in your country:

**11. START OF FELLOWSHIP**

1) Give the earliest date you could start if awarded a Fellowship

2) Is there any definite period you cannot be absent from your country?

**12. COMMITMENT**

I am aware that a WHO fellowship can be awarded only after acceptance of my candidature by the World Health Organization and that the World Health Organization will make the necessary arrangements with the countries and/or institutions concerned.

I agree to return to my home country on the expiry of my WHO fellowship and to resume or enter service in my national health administration, or a technical institution approved by the administration, for a period of at least three years. I also agree to reimburse WHO for the total cost of my fellowship in the event that I do not return home and fulfil my obligation.

I certify that the above statements are correct and complete to the best of my knowledge. I will comply with the rules summarized in the information booklet, 'WHO Fellowships'.

\_\_\_\_\_

(Signature)

(Date)

**13. MEDICAL CERTIFICATE**

To be completed by a registered medical practitioner designated by the appropriate administrative authority after a rigorous clinical and laboratory examination, including a chest X-ray. The Organization requires that a medical examination shall have taken place within four months of the starting date of the fellowship and may therefore request the candidate to undergo a further medical examination before taking up his/her fellowship. The medical practitioner should attach a separate letter informing WHO if the candidate has a health condition that might require special assistance and/or treatment while in the country of study. Such information will assist WHO in preparing the most appropriate programme of study on behalf of the candidate.

On the basis of a thorough clinical examination and laboratory test, including a chest X-ray, I hereby certify that in my professional judgement

\_\_\_\_\_

(Full name of applicant)

\_\_\_\_\_

(Age)

is in good physical and mental health and is capable of carrying out an intensive programme of study away from home;

is free of any chronic condition or disease which might interrupt his/her studies;

is free of any serious infectious disease which could present risks for his/her contacts during the fellowship.

\_\_\_\_\_

(Signature)

\_\_\_\_\_

(Date)

\_\_\_\_\_

(Full name and title)

\_\_\_\_\_

(Address)

\_\_\_\_\_



**14. FELLOWSHIP CANDIDATES MAY UTILIZE THIS SPACE FOR ANY ADDITIONAL REMARKS OR INFORMATION THEY WISH TO MAKE IN SUPPORT OF THEIR CANDIDACY**



ලදුරු මර්ධන ව්‍යාපාරය - සෞඛ්‍ය අමාත්‍යාංශය  
ANTI LEPROSY CAMPAIGN - Ministry of Health



தொழுநோய்த் தடுப்பு இயக்கம் - சுகாதார அமைச்சு

Central Leprosy Clinic, Room 21, O. P. D., National Hospital of Sri Lanka, Colombo 10. Tel: 682146, 696444, 691111 Ext.414 Fax : 696444  
මධ්‍යම ලදුරු කාලනලය, කාමර 21, ඔ. පී. ඩී., ශ්‍රී ලංකා ජාතික රෝහල, කොළඹ 10. දුරකථන : 682144, 696444, 691111, Ext. 414 ෆැක්ස් : 696444  
மத்திய தொழுநோய்த் சிகிச்சை நிலையம், அறை/இல 21, வெளி நோயாளர் பிரிவு, இலங்கை தேசிய வைத்தியசாலை, கொழும்பு 10. தொலைபேசி: 682146, 696444, 691111 Ext. 414 பக்ஸ் : 696444

Office of the Director, Welisara, Ragama. Tel : 958658

අධ්‍යක්ෂ කාර්යාලය, වැලිසරා, රාගම. දුරකථන : 958658

பணிப்பாளர் தொழுநோய்த் தடுப்பு இயக்கக் காரியாலயம், வெளிச்சறை, ராகாம, தொலைபேசி: 958658

My No.  
මගේ අංකය.  
எனது இலக்கம்.

2016/ALC/WHO/FS/APP/1

Your No.  
ඔබේ අංකය.  
உங்கள் இலக்கம்.

Date  
දිනය  
திகதி

08/05/2016

**Instructions to fill Fellowship forms BY ALC**

1. Please fill all the relevant areas with true information
2. Please answer each question clearly and completely
3. Each individual has to fill eight copies (8) with their personal details
4. Each one has to add photos and copy of passport
5. Be sure to sign and date the form
6. Clarification you can contact ALC office Dr. Sujeewa Amarasekara  
Welisara- 0112958658 or 0112958734  
Colombo -01126821146
7. Submission – before 15/08/2016 by hand or post to Director Ant leprosy campaign Welisara Ragama

**No need to print Instuction page**