

Application Form for Support

UNSD Fellowships



C/o International Statistical Institute
428 Prinses Beatrixlaan
PO Box 950
2270 AZ Voorburg
The Netherlands

This form, filled in with the information requested about the applicant, should be returned to the ISI by September 1, 2004 at the address given above. This will then be considered by UNSD representatives.

Use typewriter or block letters!

Details of Applicant

Family name or surname _____

First name(s) _____ *female/male*

Date (dd/mm/yyyy) and country of birth _____

Personal address _____

City _____

Country _____

Telephone _____

Fax _____

E-mail _____

Details of Institute/Organisation to which Applicant is affiliated

Name _____

Address _____

City _____

Country _____

Telephone _____

Fax _____

E-mail _____

This application is supported by the following IAOS/IASS/ISI referents:

1. Name _____

Address _____

City _____

Country _____

Telephone _____

Fax _____

E-mail _____

Relation to applicant _____

Signature _____



2. Name _____
 Address _____

 City _____
 Country _____
 Telephone _____
 Fax _____
 E-mail _____
 Relation to applicant _____

Signature _____

IAOS/IASS/ISI meeting(s) for which support is requested:

Name(s) of Meeting(s) _____ IAOS-IASS Joint Conference: Poverty, Social Exclusion and Development: A Statistical Perspective
 Place(s) _____ Amman, Jordan
 Date(s) _____ November 29/December 1, 2004 – I will be in attendance from ...
 ISI Section (if applicable) _____ IAOS/IASS
 organising the meeting _____
 Title of paper which applicant _____
 intends to present (if _____
 applicable) _____

Attach a brief C.V. to this form describing your academic and professional history (Appendix 1).

Budget (in US\$ or Euro)

Travel	from _____	To _____
Means of transportation	_____	
Indication of projected travel costs in US\$ or Euro <i>(Attach proof as Appendix 2)</i>	_____	
Costs of lodging per day	amount _____	times _____ days= in total _____
Costs of food, out- of- pocket expenses, per day	amount _____	times _____ days= in total _____
Registration costs of the meeting (if applicable)	_____	
Other costs	_____	
Total	_____	
Funds requested by from UNSD	_____	

I declare that the information supplied on this form is true and subject to checking by the UNSD/ISI.

Signature _____

date _____