

PART IX: OFFICIAL DECLARATION (to be completed by the Nominating Government)

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 nominee in this form and I am satisfied that they are authentic and relate to the nominee.
- (b) The nominee 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 nominee is other than fit to undertake the journey to Singapore and to remain in Singapore for the duration of training.
- (c) Should the nominee seek medical consultation/treatment during his period of stay in Singapore, he would be personally liable for all medical expenses incurred, other than those covered under the Group Personal Accident Insurance and Group Hospital & Surgical Insurance policy.
- (d) The nominee 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 (Mr/Mrs/Miss/Dr) _____ holding
Passport No _____

(Name)

(Signature)

(Name of Organisation)

(Designation)

(Address of Organisation)

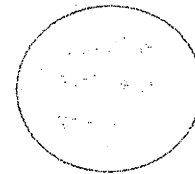
Country Code Area Code Office Tel No.

(Email Address)

Country Code Area Code Office Fax No.

Endorsement by the nominating country's National Focal Point for Technical Assistance:

(Name)



(Designation)

(Signature)

(Name of Organisation)

(Email Address)

Country Code Area Code Office Tel No.

Country Code Area Code Office Fax No.

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