
PART VII: NOMINEE'S DECLARATION

I, _____, of _____
(Name) (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 fact;

(b) I am medically fit and free from any medical problem which may impair my ability to attend the training in Singapore; and

(c) I will be personally liable for all medical expenses incurred during my stay in Singapore, other than those covered under the Group Personal Accident Insurance and Group Hospital & Surgical Insurance policy. (All successful participants are covered under Group Personal Accident and Group Hospital & Surgical Insurance. The Group Hospital & Surgical Insurance does not cover any pre-existing conditions/illnesses or any outpatient medical/dental treatment. Participants are personally liable for all 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 Singapore.)

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 would be liable to depart from Singapore on my own expense.

(Date)

(Signature of Nominee)

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.