

## Application Guidelines

**In completing the attached application form, please be advised to:**

- a. Carefully read your **Application Guideline(AG)** and **Program Information(PI)** prior to completing the application form; \* Information regarding AG and PI can be found on the CIAT website.
- b. **Type the application**, not handwrite it, except for your signature.
- c. Fill in the form in **English**;
- d. Fill in **every part** of the form;
- e. Send the completed form and a copy of your passport to the **KOICA Office** in your country, or to the **Embassy of the Republic of Korea** if a KOICA Office is not available;
- f. Ensure that all required documents and information are submitted accurately and on time to avoid disqualification;
- g. Submit only one application, as duplicate submissions are strictly prohibited;

### Application Checklist

Items	Page No.	Check(√) if completed
a. Filled in every item of Applicant Information	2-4	
b. Ticked agree/disagree box for (a) <b>Agreement on Collection and Use of Personal, Sensitive, and Unique Identifying Information</b> , (b) <b>Consent to Provide Personal, Sensitive, and Personally Identifiable Information to a Third Party</b> , and (c) <b>Agreement on Use of Personal Information for Sending Promotional Materials</b>	5-9	
c. Thoroughly read the <b>Scholarship Program Guideline</b> and <b>Code of Conduct</b>	9-13	
d. Signed the <b>Declaration</b> for terms and conditions	13	
e. Signed and filled in every part of the <b>Medical History Questionnaire</b>	14	
f. Have an authorized official from your government to complete and sign the <b>Nomination</b> form	15	
g. Have a <b>copy of your passport</b> ready for submission	-	

***This is to certify that I have completed every part of the application form to apply for the KOICA Scholarship Program.***

**Date:** \_\_\_\_\_ **Applicant's Name:** \_\_\_\_\_ **Signature:** \_\_\_\_\_



<b>Job Description</b>	Describe your main duties. Specify any technical equipment or facilities you work on with if applicable.
	Describe any themes, topics and places of interest you would like to see in the Program related to your tasks mentioned aforesaid.
	Elaborate on organizational setbacks or challenges that you wish to address through the Program.
Elaborate on your plans to apply the lessons learned from the Program to your organization.	

**VI. CAREER RECORD**

**Career Background (Past 5 Years)**

Organization	Department	Position / Responsibilities	Period (MM-YYYY)	
			From	To

**Educational Background (Higher Education)**

Institution	City / Country	Field of Study and Degree	Period (MM-YYYY)	
			From	To



## PART 2. TERMS & CONDITIONS

Applicants should read, abide by, and respect the following terms and conditions. Failure to abide by the following may result in dismissal from the program and a report to applicant's government and employer.

### I. PRIVACY & COPYRIGHT POLICY

- a. Any information used for identifying individuals that is acquired by KOICA will be stored, used and/or analyzed only within the scope of KOICA activities, and in accordance with KOICA policies and regulations.
  - **Personal Information Collected** : Name, date of birth, sex, nationality, home address, contact information, emergency information, employment information including organization/department/type of organization/employment status, career background, language proficiency
  - **Purpose** : Implementation and promotion of the KOICA Fellowship Program, identification of participants, record keeping, supporting KOICA Club activities, and strengthening the partnership between Korea and Partner Countries
  - **Retention Period** : 3 years for hard copy / permanent preservation for soft copy
- b. KOICA may provide and disclose the collected information aforesaid to a third party in accordance with KOICA policies and regulations, the relevant laws of Korea, or upon request from the Government of Korea.
- c. KOICA reserves the right to use all the documents or products produced by participants for the purpose of the Fellowship Program (e.g. country report, action plan, thesis, essay, etc.) including their duplication, translation, distribution, and posting on websites such as the KOICA website or other websites related to Korean Official Development Assistance (ODA).
- d. KOICA takes measures required to prevent leakage, loss, or destruction of acquired information. Should you wish to inquire further about KOICA's privacy policy and personal information management, please contact the program manager via the contact information provided in your Program Information (PI).
- e. If you do not approve of the above conditions, you may also refuse to agree. However, please be informed that there may be limitations to your participation in the KOICA Fellowship Program if you do not agree with the above conditions.

	Agree <input type="checkbox"/>	Disagree <input type="checkbox"/>
<b>Date:</b>	<b>Name:</b>	<b>Signature:</b>

### Consent to Provide Personal Information to a Third Party

According to Article 17 of the Personal Information Protection Act, KOICA would like to obtain your consent for the provision of the following personal information to a third party.

The recipient of personal information	Purpose of use	Provided particulars of personal information	Term of retention and use
Koworks	Checking personal information and qualifications for recruitment and selection, operation of training programs, records and performance management, management of participants including immigration and sojourn support, on/offline KOICA Club activities, database management, responding to audit, follow-up, Safety management mail	Name, date of birth, gender, nationality, contact info (emergency contact included), affiliation/position, work experience and qualifications, email, SNS or messenger ID	For 5 years from the termination of employment
		Address, academic background, photos, bank account info/bankbook copy	Destroyed upon termination of employment
Training Institute (University)	Operating training programs; managing records and databases; facilitating on/offline KOICA Club activities; providing follow-up and sojourn	Name, date of birth, gender, nationality, contact info (emergency contact included), affiliation/position, work experience and qualifications, academic background, photos, email	For 5 years from the termination of employment
		Address, family information (parent details, etc.)	Destroyed upon termination of employment
Insurance Company (DB Insurance Co.,Ltd.)	(Registration) insurance purchase and roster management (Compensation) document screening and claims management	Name, date of birth, gender, nationality, contact info(emergency contact info included), bank account info/bankbook copy, alien registration number	(Registration) 3 years (compensation) 5 years

Travel Agency (Hana Tour Travel Agency / HanaTour-Business Travel Agency / Redcap Tour Agency)	Flight reservations and ticketing, performance management, etc.	Name, date of birth, gender, nationality, passport information	Destroyed upon termination of employment
Medical Check-up Institution in Korea	Conducting medical check-ups for participants	Name, date of birth, gender, nationality,	10 years

You have the right to disagree with the provision of the above personal information. However, should you disagree, be informed that there may be restrictions on KOICA's support such as visa issuance, immigration management, arrangement of flights and accommodations, KOICA Club activities, insurance and medical services, and your participation in KOICA's training programs.

**Agree**       **Disagree**

### Consent to Provide Sensitive Information to a Third Party

According to Article 23 of the Personal Information Protection Act, KOICA would like to obtain your consent for the provision of the following sensitive information to a third party.

The recipient of personal information	Purpose of use	Provided particulars of personal information	Term of retention and use
Koworks	Checking personal information and qualifications for recruitment and selection, and operating training programs and managing performance. Managing participants, including immigration and sojourn support.	Religion, health information (medical history), treatment records (detailed statement of treatment, doctor's note)	Destroyed upon termination of employment
Training Institute (University)	Operation of training and sojourn support	Religion, health information (medical history), treatment records (detailed statement of treatment, doctor's note)	Destroyed upon termination of employment
Insurance Company (DB Insurance Co.,Ltd.)	(Registration) insurance purchase and roster management(Compensation) document screening and claim payment management	Treatment records (detailed statement of treatment, doctor's note, etc.)	(Registration) 3 years (Compensation) 5 years
Medical Check-up Institution in Korea	Conducting medical check-ups for participants	Health information (medical history, etc.)	10 years

You have the right to disagree with the provision of the above sensitive information. However, should you disagree, be informed that there may be restrictions on KOICA's support such as visa issuance, immigration management, arrangement of flights and accommodations, KOICA Club activities, insurance and medical services, and on your participation in KOICA's training programs.

Agree

Disagree

### Consent to Provide Personally Identifiable Information to a Third Party

According to Article 24 of the Personal Information Protection Act, KOICA would like to obtain your consent for the provision of the following personally identifiable information to a third party.

The recipient of personal information	Purpose of use	Provided particulars of personal information	Term of retention and use
Koworks	Immigration and sojourn support such as flight arrangements and insurance claims	Passport number, alien registration number	Destroyed upon termination of employment
Training Institute (University)	Immigration and sojourn support, data management and certificate issuance	Passport number, alien registration number	For 5 years from termination of employment
Insurance company (DB Insurance Co., Ltd.)	(Registration) insurance purchase and roster management (Compensation) document screening and claim payment management	Passport number, alien registration number	(Registration) 3 years (Compensation) 5 years
Travel Agency (Hana Tour Travel Agency / HanaTour-Business Travel Agency / Redcap Tour Agency)	Flight reservations and ticketing, performance management, etc.	Passport number	Destroyed upon termination of employment

You have the right to disagree with the provision of the above personally identifiable information. However, should you disagree, be informed that there may be restrictions on KOICA's support such as visa issuance, immigration management, arrangement of flights and accommodations, KOICA Club activities, insurance and medical services, and on your participation in KOICA's training programs.

Agree

Disagree

## Agreement on Use of Personal Information for Sending Promotional Materials

According to Article 15 of the Personal Information Protection Act, KOICA would like to obtain your consent for the use of your personal information, as below, for sending promotional materials relating to KOICA's services and activities.

Personal Information Used	Term of retention and use
Name, nationality, email address	3 years

You have the right to disagree with the use of the above personal information if you do not wish to receive KOICA's promotional information.

**Agree**                       **Disagree**

**Date:**                                      **Name:**                                      **Signature:**

## II. SCHOLARSHIP PROGRAM PARTICIPANT GUIDELINE

### 1. Purpose

This guideline aims to provide necessary guidance to help create a sound environment for the study of participants under the KOICA Scholarship Program..

### 2. Definition of Terms

The terms used in this guideline are defined as follows.

- 2-1. "KOICA", a Korean organization dedicated to ODA, is in charge of the Scholarship Program, entrusting it to universities and providing funding.
- 2-2. "Scholarship Program (SP)", one of the Fellowship Programs provided by KOICA, refers to the master's or Ph.D. program, aiming to nurture key leaders who can contribute to economic and social development of partner countries.
- 2-3. "University" refers to the university that is entrusted by KOICA to operate and be responsible for the SP.
- 2-4. "Participants" refer to individuals participating in the SP under the government nomination of partner countries. Upon enrollment, the participants are entitled to be provided with adequate support as the students of the university, and bear corresponding responsibilities.

### 3. Entering and Staying in Korea

- 3-1. Master's program participants are not allowed to accompany their family members.
- 3-2. Under the condition that the following criteria are met, doctorate program participants may be accompanied by family members.
  - ① Accompaniment is permitted starting from 6 months after the participant's arrival in Korea.
  - ② Prior approval from both KOICA and the university is required at least 1 month before the family members' intended arrival.
    - ※ Failure to obtain prior approval may result in a one-time warning and the participant's temporary loss of dormitory support for 6 months.
  - ③ When using an off-campus accommodation due to a family member, actual expenses are supported within the limit of the dormitory cost. However, if it is difficult to refund the dormitory fee due to leaving the dormitory during the semester, support is available starting from the next semester.
  - ④ Off-campus accommodation expenses for accompanying family members, including heating, electricity, and water bills, are not covered.
  - ⑤ No financial or administrative support is provided for accompanying family members, including visa- related expenses.
  - ⑥ The accompanying family members are not permitted to engage in any income-generating activities in Korea.

### 4. Leaving Korea

- 4-1. Participants shall leave Korea on the designated date of departure that is set by KOICA(no later than the course termination date). However, on exceptional cases such as pandemic, participants may be asked to leave earlier than the expected date of departure.
- 4-2. If a participant loses his or her status as a KOICA participant pursuant to Item 5 of this Guideline, "Dismissal of Participant Status", he or she shall leave Korea within 5 days from the date the dismissal is decided.

- 4-3. If a participant has to extend his or her stay in Korea, or leave for a third country other than his or her home country due to inevitable circumstances, a written approval from the home government (an official letter from the ministry to which he or she belongs) should be submitted to the KOICA head office through the KOICA overseas Office or the Korean Embassy in the home country.
- 4-4. In accordance with Guideline 4-3, all related expenses and administrative procedures, including visa arrangements, arising from this matter shall be borne by the participant. (A related written pledge must be submitted.) (e.g., additional airfare, insurance, accommodation, and living expenses due to changes in the return route)

## 5. Dismissal of Participant Status

- 5-1. Participants will lose their status as SP participants if they commit any of the following acts or fall under any of the situations described below.
- ① Falsifying statements on any of their application documents or providing false information in their application documents
  - ② Receiving serious disciplinary actions, such as suspension or expulsion from the university
  - ③ Violating Korean law
  - ④ Temporarily leaving Korea more than once without permission
  - ⑤ Involved in any political activities
  - ⑥ Violating the agreement with KOICA
  - ⑦ Intentionally failing to follow the decisions made by KOICA regarding the program
  - ⑧ Behaving disgracefully or involving in any activities that do not align with the purpose of the program
  - ⑨ Withdrawal from the program before completion
  - ⑩ Failing to leave Korea within the given time frame as stated in 4 of this guideline Leaving Korea
  - ⑪ Changing visa types without prior approval
- ※ Accumulating two warnings from the university for other problematic behavior may result in the dismissal of participant status by KOICA and returning to his or her home country.
- 5-2. If a participant loses his or her status as a KOICA SP participant, KOICA will notify the head of the Korean diplomatic establishment abroad and the government of the participant's home country of the fact.
- 5-3. If a participant is dismissed from participant status, allowance support will be cut off, and return-home grants and airfare will not be available.

## 6. Leaving Korea during the Program

- 6-1. If a participant intends to return to his or her home country during the course of the program, due to unavoidable reasons such as serious illness, domestic affairs, or an urgent summoning from the home government, he or she must acquire prior approval from the university with the following documents.
- ① A copy of the medical certificate (for sickness leave)
  - ② Letter of explanation
  - ③ Any other documents required by the university
- 6-2. If a participant has to return to his or her home country due to his or her own fault, and not for any of the reasons listed in 6-1 of this guideline, KOICA will notify the participant's original place of employment and the home government of the fact. The participant may not re-apply for any KOICA training programs in the future.

## 7. Temporary Leave

- 7-1. If a participant intends to leave Korea temporarily during the vacation, he or she must obtain approval from the university with the following documents by the date set by the university.
- ① Letter of confirmation from the advisor
  - ② A copy of a round trip airline ticket (One-way tickets are not accepted)
  - ③ A copy of traveler insurance (when traveling to a third country)
  - ④ Any other documents required by the university
- ※ Unauthorized changes to the approved duration of stay will result in a warning.
- 7-2. Temporary leave during the semester (including during summer and winter schools and orientation programs) is not allowed. Exceptions will be made only for inevitable reasons, such as death of family member or a marriage of the participant. Even in these cases, a prior approval must be obtained from the university and KOICA.
- ① Letter of confirmation from the advisor

- ② A copy of a round trip airline ticket (One-way tickets are not accepted)
- ③ A copy of traveler insurance (when traveling to a third country)
- ④ Any other documents required by the university
- ⑤ Death Certificate and Family relation Certificate

7-3. For the days of the temporary leave, daily allowance will be deducted for each day of the leave (including days of departure and re-entry) and there will be no exception for deduction.

7-4. In case of death of an immediate family member (only for participants' own parents, spouse, and children), KOICA will support a round-trip air-ticket for temporary leave with the following documents :

- ① a family death certificate
  - ② a confirmation letter by a professor
  - ③ a family relation certificate issued by government
- ※ Flight tickets must be booked through a KOICA-designated travel agency.

### 8. Scholarship Payment and Receipt

8-1. All matters regarding the payment and receipt of scholarship shall be defined by KOICA.

8-2. Scholarship may not be given out under the following cases. However, if KOICA acknowledges the inevitable nature of the matter of the participant's withdrawal from the SP, he or she may receive support for his or her return.

- ① Failure to leave Korea within the given time frame, for reasons other than inevitable reasons for departure stated in 4-3 of this guideline
- ② Dismissal of a KOICA participant status as stated in 5. Dismissal of Participant Status
- ③ Withdrawal and leaving Korea during the program for reasons other than what is stated in 6-1

### 9. Notification of Re-entry

If a participant re-enters Korea within the allowed period for a temporary leave, the participant shall report his or her re-entry to the person in charge at the university.

### 10. Notification of Changes in Contact Information

If there are any changes to the contact information of a participant, the change must be reported immediately to the university

### 11. Internships

11-1. Participants must follow the regulations regarding internship, in order to guarantee full commitment to SP and create a "study-first" environment.

- ① Participants must give first priority to their studies over any other activities.
- ② Internship activities related to research and academic activities of a participant's area of studies, are allowed upon approval of the university.

11-2. If a participant earns more than KRW 20,000 a day from the internship, any exceeding amount will be deducted from his or her daily allowance.

### 12. Applicable Provisions

For any other matters not stipulated in this guideline, the academic regulation of the participant's registered university shall be applied.

## III. CODE OF CONDUCT

### 1. Purpose

The Code of Conduct for participants of the KOICA Scholarship Program (hereafter "Code of Conduct") aims to provide both ethical and behavioral standards for the participants to ensure the successful completion of the KOICA Scholarship Program (hereafter "SP").

### 2. Application and Compliance

This Code of Conduct applies to all participants of the KOICA SP.

### 3. Academic Performances

3-1. Participants should follow the instructions and guidance provided by the professors and faculty of the university that they have enrolled in (hereafter "university") to facilitate their studies.

- 3-2. Participants should faithfully attend their university classes and become fully involved in their studies in accordance with the regulations and guidelines of the universities.
- 3-3. In order to ensure appropriate academic achievement, temporary leave or travel to a third country during the course of the semester is, in principle, not allowed. For temporary leave or travel to a third country during the summer and winter vacations, a participant must gain approval from the university. However, if there is a seasonal semester during the vacations, temporary leave or travel to a third country is not allowed.
- 3-4. Participants shall not seek employment or commercial activities for personal gains, except for internship programs approved by the university.

**4. Program Outcome**

Participants shall return to their organization of origin upon the completion of SP and try to apply the knowledge and skills they acquired from SP to contribute to the development and advancement of their home country.

**5. Health Management**

- 5-1. Participants are recommended to make efforts to maintain their mental and physical health or adaptation capabilities through exercise and risk assessments. When participants experience health deterioration or psychological distress, they must report such issues to the university to get necessary help.
- 5-2. KOICA will not be responsible for any medical expenses arising from illnesses or conditions that were not disclosed during the application or medical examination process.
- 5-3. Medical expenses related to pre-existing medical conditions, pregnancy, or dental treatment will not be covered by KOICA.
- 5-4. KOICA will not be responsible for any medical expenses related to the same illness in excess of 180 days.

**6. Safety Measures**

- 6-1. Participants must refrain from visiting places that may be dangerous, or getting involved in acts that may cause safety accidents. For any damages caused by voluntary actions that violate the Code of conduct, the participant in question shall bear full responsibility.
- 6-2. If accidents or situations occur that may put participants at risk, SP participants shall immediately report the matter to the university to seek necessary help. However, if it is found and determined that SP participants are responsible for the occurrence of the reported accident or situation, whether intentionally or otherwise, the university may take disciplinary actions against SP participants in accordance with their relevant regulations, after the resolution of such accident or situation.

**7. Policy on Misconduct**

- 7-1. Participants shall always behave, act and speak responsibly and honorably, recognizing that their words and actions represent the university and KOICA as well as the country of their origin.
- 7-2. Participants shall refrain from accessing inappropriate establishments that could impair their dignity.

**8. Discriminatory Actions and Sexual Harassment**

- 8-1. Participants shall complete mandatory courses provided by KOICA and the university designed to prevent discrimination and sexual harassment and shall act accordingly.
- 8-2. Participants shall not engage in any aggressive or insulting behavior or use of words of discrimination against gender, religion, disabilities, age, nationality, physical appearance, marital status, family status, ethnicity, political opinion or sexual orientation.
- 8-3. Participants shall not engage in any sexual harassment including sexually oriented jokes or innuendos, unwanted invitation for outings, unwelcomed sexual advances, requests for sexual favors, and other verbal or physical harassment of a sexual nature.
- 8-4. Participants shall be cognizant of the fact that sexual harassment herein is defined in accordance with international norms and standards. It is to be noted that sexual harassment shall be judged and determined on the basis of claims and feelings of victims, not the intent of the behavior.

**9. Prohibition of Political Activity**

Participants shall not take part in any political activities, such as supporting a certain political group or getting involved in any political movements.

**10. Compliance with the Regulations of the University and KOICA**

- 10-1. Participants shall fully comply with the academic regulations of the university and the guidelines of KOICA.
- 10-2. If a participant violates any of the regulations of the university or KOICA, the participant shall be subject to disciplinary measures, as stipulated in such regulation.
- 10-3. Disciplinary actions and warnings may be shared with their affiliated organization.

※ **Sanctions classification**

Level	Contents

Caution	An act of violation of the law that does not fall under grounds for warning
Warning	In cases where there is a desire to improve the violation and there is room for extenuating circumstances, it is recognized that there is no problem in maintaining the participant status.
Qualification deprivation	In cases where it is recognized that the participant status cannot be maintained in the future due to intentional or gross negligence that has damaged the honor and prestige of the Republic of Korea and the cooperation group.

- ※ Accumulated 2 cautions → 1 warning (50% of return subsidy deducted)
- ※ Accumulated 2 warnings → Disqualification may be considered (100% of return support funds will be deducted and doctoral support will not be available)
  - If a participant's qualifications are disqualified or expelled due to fault attributable to the participant, living expenses support will be suspended from the date of decision and no support funds or airline tickets will be provided.

When a participant's qualifications are revoked or expelled due to the his/her fault, in principle, the participant must leave the country within 5 days from the date of decision.

#### IV. DECLARATION

I, \_\_\_\_\_, of \_\_\_\_\_  
 (name of applicant) (name of country)

Certify that the statements I made in this form are **true and correct** to the best of my knowledge.

If accepted for the program, I agree to **respect SP Participant Guidelines and Code of Conduct** set forth above.

If I fail to comply with the terms and conditions of KOICA Scholarship Program, I will **accept any penalties and consequences** including dismissal from the Program and a report to my government and/or employer.

Date: \_\_\_\_\_

Applicant's

Name: \_\_\_\_\_ Signature: \_\_\_\_\_

### PART 3. MEDICAL HISTORY QUESTIONNAIRE

#### MEDICAL HISTORY QUESTIONNAIRE (to be completed by the applicant)

##### 1. Present Status

a. Do you currently use any drugs for the treatment of a medical condition? (give name & dosage)

<input type="checkbox"/> No	<input type="checkbox"/> Yes >> Name of Medication ( _____ ), Quantity ( _____ )
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b. Are you pregnant? (female only)

<input type="checkbox"/> No	<input type="checkbox"/> Yes >> ( _____ months )
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c. Please indicate any needs arising from disabilities that may require additional support or facilities.

( _____ )
<i>Note: Disability does not lead to dismissal or exclusion from the Program. However, depending upon the situation, you may be directly contacted by the KOICA Program Manager for a more detailed account of your condition.</i>

##### 2. Medical History

a. Please fill in if there is any disease you currently have or had in the past.

(If hospitalized, give place & dates).

<b>Past:</b>	<input type="checkbox"/> No	<input type="checkbox"/> Yes >> Name of illness ( _____ ), Place & dates ( _____ )
<b>Present:</b>	<input type="checkbox"/> No	<input type="checkbox"/> Yes >> Name of illness ( _____ ), Present condition ( _____ )

b. Have you ever been a patient in a mental hospital or have been treated by a psychiatrist?

<b>Past:</b>	<input type="checkbox"/> No	<input type="checkbox"/> Yes >> Name of illness ( _____ ), Place & dates ( _____ )
<b>Present:</b>	<input type="checkbox"/> No	<input type="checkbox"/> Yes >> Name of illness ( _____ ), Present condition ( _____ )

c. High blood pressure

<b>Past:</b>	<input type="checkbox"/> No	<input type="checkbox"/> Yes
<b>Present:</b>	<input type="checkbox"/> No	<input type="checkbox"/> Yes >> • Present condition ( _____ ) mm/Hg to ( _____ ) mm/Hg • Are you taking any medicine? <input type="checkbox"/> No <input type="checkbox"/> Yes

d. Diabetes (sugar in the urine)

<b>Past:</b>	<input type="checkbox"/> No	<input type="checkbox"/> Yes
<b>Present:</b>	<input type="checkbox"/> No	<input type="checkbox"/> Yes >> • Present condition ( _____ ) • Are you taking any medicine or insulin? <input type="checkbox"/> No <input type="checkbox"/> Yes

e. What illness(es) have you had previously?

<input type="checkbox"/> Thyroid Problem	<input type="checkbox"/> Liver Disease	<input type="checkbox"/> Heart Disease	<input type="checkbox"/> Kidney Disease
<input type="checkbox"/> Tuberculosis	<input type="checkbox"/> Asthma	<input type="checkbox"/> Stomach and Intestinal Disorder	
<input type="checkbox"/> Infectious Disease >> Specify the name of illness			

( _____ )	
<input type="checkbox"/> Others	Specify
( _____ )	>>

f. Have the above illness(es) been cured?

<input type="checkbox"/> Yes	<input type="checkbox"/> No	
		- Specify the name of illness ( _____ )
		- Present condition ( _____ )

*I certify that I have answered all questions truthfully and completely to the best of my knowledge.*

**Date:** \_\_\_\_\_ **Applicant's Name:** \_\_\_\_\_ **Signature:** \_\_\_\_\_

## PART 4. NOMINATION

### I. OFFICIAL NOMINATION (to be completed by nominating government / organization)

The Government of \_\_\_\_\_ officially nominates \_\_\_\_\_  
(Name of Country) (Full Name of Nominee)

to participate in \_\_\_\_\_ as organized by the Korean Government (KOICA)  
(Title of Program)

and I, \_\_\_\_\_, on behalf of the Government of \_\_\_\_\_, certify that  
(Name of Authorized Official) (Name of Country)

- (a) All information including career and educational background quoted by the nominee in this form is true, complete and accurate to the best of my belief and knowledge.
- (b) The nominee has an adequate knowledge of and/or expertise in the training field and has a sufficient proficiency in the language required, both spoken and written, to undergo the Scholarship Program.
- (c) On behalf of the organization I agree to the terms and conditions of KOICA.
- (d) My organization shall be responsible for dealing with claims by KOICA and third parties where the loss or damage to their property, or death or personal injury was caused by gross negligence or willful misconduct of the Nominee during the participation in the KOICA Scholarship Program.
- (e) **Nominee's unsatisfactory performance or failure to conform to the code of conduct may lead to limited opportunities for the organization's nomination to the KOICA Fellowship Program.**

Name(Authorized Official) : \_\_\_\_\_

Position/Title: \_\_\_\_\_ Organization: \_\_\_\_\_

Telephone: \_\_\_\_\_ Email: \_\_\_\_\_

Date: \_\_\_\_\_ Signature: \_\_\_\_\_

*(Official Stamp Included)*

### II. ORGANIZATION CHART with an appropriate marking of the nominee's position