



**United Nations / Pakistan International Workshop on  
Integrated Use of Space Technologies for Food- and Water Security**

**Hosted by the Pakistan Space and Upper Atmosphere Research Commission (SUPARCO)**

**11 – 15 March 2013  
Islamabad, Pakistan**

**APPLICATION FORM**

**(To be filled in by typewriter or in block letters using black ink)**

**Deadline for submission: Monday, 21 January 2013**

I hereby apply for participation in the United Nations/Pakistan International Workshop on Integrated Use of Space Technologies for Food- and Water Security.

*(All applicants should be familiar with the objectives and programme topics of the Workshop as described in the Information Note distributed with this application form).*

**A. PERSONAL DATA**

1. Family Name\* : \_\_\_\_\_ First Name\* : \_\_\_\_\_

2. Sex (Male/Female): \_\_\_\_\_ 3. Date of Birth: \_\_\_\_\_ / \_\_\_\_\_ / \_\_\_\_\_  
Day Month Year

4. Nationality: \_\_\_\_\_

5. Current Title/Position: \_\_\_\_\_

6. Agency/Organization: \_\_\_\_\_

7. Principal Functions/Duties: \_\_\_\_\_

8. Official Mailing Address: \_\_\_\_\_

\_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Country: \_\_\_\_\_

Phone: \_\_\_\_\_ Fax: \_\_\_\_\_

E-mail: \_\_\_\_\_

9. In case of emergency contact: \_\_\_\_\_

Address: \_\_\_\_\_

\_\_\_\_\_

Phone: \_\_\_\_\_ Fax: \_\_\_\_\_ E-mail: \_\_\_\_\_

\* Please use name spelling identical to the spelling in your passport.

**B. ACADEMIC AND PROFESSIONAL BACKGROUND (please use additional pages if necessary)**

10. Your academic background (degrees, where and when obtained, and a description of your fields of study):

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11. Your professional experience relevant to this Workshop:

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12. Provide information on how you and your work could benefit from your participation in the Workshop:

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13. Have you previously participated in training courses/workshops/seminars (regional or international) or other events organized by the United Nations or its specialized agencies? Yes (  ) No (  )

If yes, please indicate the following: title of the meeting(s), location(s), date(s) of attendance and subject(s) covered by the programme:

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**C. PARTICIPANT PRESENTATIONS**

14. All funded participants will be required to make a presentation of approximately 15-20 minutes on their work or activities related to the topics listed in the Workshop Information Note. Please provide the title for your presentation and attach an abstract with a maximum of 500 words. Please include at the top of the abstract: Paper Title, Author Name(s), Affiliation(s), Mailing Address, Phone, fax and e-mail for the presenting author.

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**D. HEALTH REQUIREMENTS**

15. Life/major health insurance for each selected participant is the responsibility of his/her institution.

**E. FUNDING**

16. ***Funds available to support participants of the Workshop are limited.*** Qualified participants whose nominating agency/organization agrees to fund round-trip travel and/or living expenses will be considered on a priority basis. Please indicate below if your nominating agency (or another organization) will be able to support your round trip travel and/or living expenses, or if you wish to be considered for funding support.

**Living expenses for the duration of the Workshop**

I have my own funding and do not wish to be considered for funding support ( )

I do not have funding and I do wish to be considered for funding support ( )

**Round trip travel to Islamabad, Pakistan**

I have my own funding and do not wish to be considered for funding support ( )

I do not have funding and I do wish to be considered for funding support ( )

17. Applicant signature:

\_\_\_\_\_  
(Signature of applicant)                      (Place)                      (Date)

18. Head of nominating institution signature (required for processing of application):

\_\_\_\_\_  
(Signature of head of nominating institution)                      (Place)                      (Date)

(The head of the nominating institution also confirms with his signature that the nominating institution will be able to provide funding for the participation of the applicant as indicated under item 16. above)

\_\_\_\_\_  
(Full name and title of head of nominating institution in print)

\_\_\_\_\_  
(Seal of nominating institution)

The FULLY COMPLETED original of the application form should be mailed directly or forwarded through the Resident Representative of the United Nations Development Programme (UNDP) to the United Nations Office for Outer Space Affairs, United Nations Office at Vienna, Vienna International Centre, P.O. Box 500, 1400 Vienna, Austria. The application must be received **no later than Monday, 21 January 2013.** To accelerate the processing of your application, please e-mail an advance copy of the completed form (.pdf, .doc) to the Office for Outer Space Affairs (unpsa@unoosa.org).