IMO INTERNATIONAL MARITIME LAW INSTITUTE

THE 2nd ELISABETH MANN-BORGESE FELLOWSHIPS

APPLICATION FORM

INSTRUCTIONS: Please answer each question form shade the Director of the Direc	lditional pa all be e-mai	iges. One lled or air	copy of tomailed to	he duly c			Please	affix phot	o here
Malta Fax: +356 21 34 30 92	2								
E-mail: director@im									
2. Mailing address: E-mail address:					(I	Office) Residence)	·		
3. (a) Date of birth:			(b) N	ationality	7 •		(c) So	ex:	
(d) Marital status:			(e) M	lother To	ngue:				
(f) Passport detai	ls: (i) Passı	ort no:							
	(ii) Date	& Place o	of issue :						
	(iii) Valid	l until:	•••••					•••••	
4. LANGUAGES READING				WRITING	3	SPEECH			
	Exce- llent	Good	Fair	Exce- llent	Good	Fair	Exce- llent	Good	Fair
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5. EDUCATION: Give full details of all educational qualifications.									
Name of institution and address	Years atte	ended To	Degrees and academic distinctions	Main subjects					
6. CURRENT EMPLOYMENT. S	State your pr	esent or mos	t recent post.						
Dates: Exact title of your post:									
From: To:	Туре	of business :							
Name of Supervisor:									
Address of Employer :									
Description of work you do:									
I certify that the statements made by me in answer to the foregoing questions are true, complete and correct to the best of my knowledge and belief. I understand that any false statements or any required information withheld from this form may provide grounds for the withdrawal of any offer of participation in the Fellowship.									
Date:	_	Signature of	Applicant:						