

**APPLICATION FORM****SHORT TERM COURSE IN MALAYSIA UNDER THE MALAYSIAN TECHNICAL COOPERATION PROGRAMME (MTCP)**

Please type or write clearly in capital letters. Do not leave any space blank. Use "NIL" or "N/A" where applicable

FOR OFFICIAL USE ONLY

Reference no	: _____
Received	: _____
Checked	: _____

TITLE OF COURSE: MTCP	Date of commencement:
NAME OF IMPLEMENTING AGENCY : Institut of medicin research	

1. PERSONAL DATA

Family Name (surname) : Dgebuadze	Date of birth : Day 25 Month 01 Year 1977
First Name : Magda	Nationality (citizenship) :
Other Names : N/A	Gender : Male / Female # Female
City and country of birth : TBILISI Georgia	Marital status : Single / Married # Single
Passport No : 16AB16920 Type of Passport: Pasport	Religion : Christian orthodox
Expiry Date: 03.31.2027	

Delete accordingly

2. COMMUNICATION AND MAILING ADDRESS

Applicant's Office Address : 16Kakheti Highway, Tbilisi 0109, Georgia		Applicant's Postal / Home Address : ap 14, 3 biul, 1 Mic/D Nutsbudze st, Tbilisi, 0162, Georgia	
Mobile Phone Number Country Area Number 995 99 394337		Home telephone Country Area Number +995 32 2325528	
Office telephone +995 32 2243424 Country Area Number	Telefax N/A Country Area Number	Email	
Person to be contacted in case of emergency :			
Name : Levan Dgebuadze			
Telephone : +99577281834		Mobile-Phone Number: +995577281834	
Address : ap 14, biul 13, 1 MicD, Tbilisi			
Email : forzamazara@gmail.com			

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

3. EDUCATION (list in order of time, starting with latest/most recent institution attended)

Name of institution and place of study	Major field of study	Years of study : from - to	Degree
Medical University of Tbilisi, Georgia	Hygiene and prophylaxis medicine	1994-2000	MD

4. EMPLOYMENT RECORD

A. Present or most recent post	B. Previous post N/A
Employer : National Center for Disease Control and Public Health	Employer : N/A
Years of service (from - to) : 2006-up to now	Years of service (from - to) : N/A
Title of your post/position : Senior specialist	Title of your post/position : N/A
Present salary per month (US Dollars) : 500\$	Salary per month (US Dollars) : N/A
Name of supervisor and title : Gvantsa Chanturia Head of Laboratory	Name of supervisor and title : N/A
Type of organization : Government Government / Semi Government / Private / NGO #	Type of organization N/A Government / Semi Government / Private / NGO #
Main functions of organization : Public Health	Main functions of organization : N/A
Total number of employees : 500	Total number of employees : N/A

Delete accordingly

Description of your work including your responsibility :

I work at National Center For Disease Control and Public Health. I am Virologist, senior specialist at Polio and other enterovirus laboratory.

Please continue on supplementary pages if necessary

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7. MEDICAL REPORT (to be completed by an authorized physician)

Name of Applicant: <u>Magda Dgebuadze</u>			
Age: <u>41</u>	Gender: <u>female</u>	Height: <u>163</u> cm	Weight: <u>48</u> kg
Blood Pressure:			
Blood Group: <input checked="" type="checkbox"/> A <input type="checkbox"/> B <input type="checkbox"/> AB <input type="checkbox"/> O <input type="checkbox"/> Other ()			
Is the person examined at present in good health?		Is the person examined physically and mentally able to carry out intensive training away from home?	
<u>Yes</u>		<u>Yes</u>	
Is the person free of infectious diseases (AIDS, tuberculosis, trachoma, skin diseases etc.)?		Does the person examined have any condition or defect (including teeth) which might require treatment during the course?	
<u>Yes</u>		<u>No</u>	
List any abnormalities indicated in the chest X ray.		Pregnancy Test (for women):	
<u>No</u>		<u>No</u>	
I certify that the applicant is medically fit to undertake a course in Malaysia.			
Name of Physician:	<u>Keti Japaridze</u>		
Address of Clinic: (printed):	<u>39 Chavchavadze av. Tbilisi</u>		
Telephone: (printed):	<u>995 322 43 43 10</u>		
Email:	<u>Keta-Jap@Yahoo.com</u>	<u>49.06.2018</u>	
Signature of Physician:	<u>K. Japaridze</u> Seal of Clinic:		



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8. APPLICANT'S DECLARATION

I, Magda Dsebnadze of GEORGIA
Name of applicant Representing 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 facts;
- b) I am medically fit and free from any medical problems which may impair my ability to attend and complete the training in Malaysia;
- c) I will be personally liable for **all** medical expenses due to pre-existing conditions/illnesses incurred during my stay in Malaysia after my admission to any Malaysian government hospitals/clinics, and also other than those covered under the Group Personal Accident Insurance. (All successful participants are covered under Group Personal Accident. The Group Personal Accident does **not** cover any pre-existing conditions/illnesses or any outpatient medical/dental treatment. Participants are personally liable for 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 Malaysia;** and
- d) For pregnant female applicants only: I am _____ months pregnant and am/am not certified by a qualified doctor to be medically fit and in good health to travel and attend the training in Malaysia

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 will be liable to depart from Malaysia at my own expense.

19.06.2018
Date

M. Dsebnadze
Signature of applicant

9. TO: GOVERNMENT OF MALAYSIA

LETTER OF INDEMNITY

I Magda Dgebuadze, Passport Number: 16AB16920 having an address at 14 Apr. 3bul. I M/KM Nutsubidze hereby declare that I shall be personally liable for and shall indemnify the Government of Malaysia and MTCIP against all liabilities, claims, losses, demands, actions, suits, proceedings, costs or expenses, in part/total, whatsoever arising under the laws of Malaysia or common law which may be made or taken against the Government of Malaysia and/or Institute of Medicin reasearch or incurred or become payable by the Government of Malaysia and/or MTCIP in respect of any medical illness, personal injury (whether fatal or otherwise), or the death of any person, by reason of my carelessness, negligence, omission or default, in the course of my training with MTCIP which is appointed by the Government of Malaysia.

Dated this 19 day 06 of 2018

Signature of applicant a. dgebuadze)
Name of applicant MAGDA DGEBUADZE
Date 19. 06. 2018.)

In the presence of
Signature of Witness J. Zangaladze)
Name of Witness Ekaterine Zangaladze
Designation of Witness Head of Lab.)
I/C or Passport No. 10BA 52099)

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10. TO BE COMPLETED BY THE NOMINATING GOVERNMENT

Reasons for applicant's selection

The post which the applicant will be required to fill upon satisfactory completion of training

Relevance of the course to applicant's job

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11. TO BE COMPLETED BY THE NOMINATING GOVERNMENT

OFFICIAL DECLARATION

On behalf of the Government of Georgia, I Ekaterine Zangaladze
Country Name of Official

Certify that :

- a) I have examined the educational, professional or other certificates quoted by the applicant in this form and I am satisfied that they are authentic and relate to the applicant
- b) The applicant 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 applicant is other than fit to undertake the journey to Malaysia and to remain in Malaysia for the duration of training;
- c) Should the nominee seek medical consultation/treatment for his/her pre-existing conditions/illnesses during his/her period of stay in Malaysia, he/she would be personally liable for all medical expenses incurred, other than those covered under the Group Personal Accident Insurance; and
- d) The applicant 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 (Dr/Mr/Mrs/Ms*) Magda Dgebuadze holding Passport No.: 16AB16920
 for the training course.

 Name and Designation

 Signature and Official Stamp

 Name and Organisation

 Country code Area code Office tel no.

 Email address

 Country code Area code Office tel no.

Endorsement by the nominating country's Ministry of Foreign Affairs or the National Focal Point for Technical Assistance:

 Name

 Email Address

(Ministry's Official Stamp)

 Designation

 Name of Organisation

 Signature

 Country code Area code Office tel no.

 Country code Area code Office tel no.

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