



**KOREA INSTITUTE OF NUCLEAR NONPROLIFERATION AND CONTROL
INTERNATIONAL NUCLEAR NONPROLIFERATION AND SECURITY ACADEMY**

1418 Yuseong-daero, Yuseong-gu, Daejeon 34101, Republic of Korea

FAX : +82-42-860-9859

(Please ensure that all manual entries on this form are executed in a legible script to avoid any misinterpretation.)

<u>NOMINATION FORM</u>				photo
I. TITLE OF COURSE : _____				
II. PERSONAL DATA				
Full Name on Passport : <input type="checkbox"/> Mr <input type="checkbox"/> Ms				
_____		_____		_____
First	Middle	Last(surname)		
Date of Birth		Nationality		
Month	Day	Year		
Passport			Airport Departure	
Number	Date of Issue	Date of Expiry		
Mobile No : _____ - _____ - _____ E-mail Address(in block letters) : _____				
(Secondary E-mail, optional) _____				
Emergency Contact - Name : _____ Tel No : _____				
III. EMPLOYMENT AND EDUCATION				
Present Position/Title : _____				
Department or Division : _____				
Name of Organization/Acronym : _____				
Address : _____				
Tel No : _____ - _____ - _____		Fax No : _____ - _____ - _____		
Country code	Area code	Number	Country code	Area code Number
Type of Organization : <input type="checkbox"/> Government/Public <input type="checkbox"/> Private <input type="checkbox"/> International <input type="checkbox"/> Other				
Term of Employment : from _____ / _____ / _____ to present				
Describe your present duties :				

Describe your expectation from this training course :				

Career (past 5 years)				
Name of Organization	From month/year	To month/year	Position/Responsibilities	
	/	/		
	/	/		
	/	/		
Education and training				
Name of Institution	From month/year	To month/year	Field of study and Degree	
	/	/		
	/	/		
	/	/		

Former Training Course on this field: ☐ Yes ☐ No

Course Title : _____

Organization: _____ Period: ____ / ____ / ____ - ____ / ____ / ____

Former Training in Korea (if any): ☐ Yes ☐ No

Program: _____

Organization: _____ Period: ____ / ____ / ____ - ____ / ____ / ____

IV. ENGLISH PROFICIENCY

Mother Tongue : _____

Other Languages : _____

	Excellent	Good	Fair	Poor	Remarks
Listening					
Speaking					
Writing					
Reading					

V. MEDICAL CERTIFICATE

I, as a qualified medical doctor, hereby certify that I have examined the above applicant and found him/her in good health, free from infectious diseases and able physically and mentally to carry out any relevant duties away from his/her home.

Date : _____ Name of examiner : _____

Signature : _____

VI. APPLICANT'S RESPONSIBILITIES

If accepted as a participant, I agree:

- 1) to follow the training program to the best of my ability and abide by the rules of the Korea Institute of Nuclear Nonproliferation and Control (KINAC);
- 2) to refrain from engaging in political activities, or any form of employment for profit or gain;
- 3) to return to my home country upon completion of my training program and to resume work in my country;
- 4) to accept that the KINAC is not liable for any damage or loss of my personal property; and
- 5) to accept that the KINAC will not assume any responsibility for illness, injury, or death arising from extracurricular activities, willful misconduct, or undisclosed pre-existing medical conditions;
- 6) to consent for photos and videos being taken during the event and further used by the KINAC/INSA for promotional purposes;

Applicant's Name: _____ Signature: _____

VII. REQUEST FOR FINANCIAL ASSISTANCE

I apply for financial assistance from the KINAC:

☐ Round-trip flight (e-tickets) ☐ Accommodations (the hotel booked by KINAC) ☐ Daily allowances (per diem)

VIII. OFFICIAL NOMINATION

The Government of _____ officially nominates

(Name of Country)

_____ for participation in _____

(Full Name of Applicant)

(Name of Training Course)

organized by the KINAC, and certifies that:

All information supplied by the applicant is complete and correct.

Name of Organization: _____

Position/Title: _____

Name of Authorized Official: _____

Date: _____ Signature: _____