

2012 ITechLaw India Traveling Fellowship Award

Name of Conference Registrant: _____

Name of Employer: _____

Name of Nominee for ITechLaw India Traveling Fellowship Award: _____

(Please underline family name)

Postal Address: _____

Telephone (Work): _____ (After hours/Mobile) _____

Fax: _____ Email: _____

Date of Birth (dd/mm/yy): ____ / ____ / ____

Place of Birth (City and Country): _____

Age: (As at February 23, 2012): ____ Male: Female: Nationality: _____

Marital Status: _____ Profession of husband / wife: _____

Education & Qualification:

Institution	Course title	Dates	Qualification/Grades

Please send the corresponding certificates/documents (scanned), together with this application form (PDF-format), as well as a passport photograph by e-mail to shibani@mpfci.com

Years of practice as a lawyer: _____

Areas of practice: _____

Details of ICT law related experience: _____

Years of practice as an IT and/or telecom lawyer: _____

Details of present employment:

Employer: _____

Contact person within employer: _____

Current job title: _____

Work Address: _____

Present responsibilities/duties: _____

Previous relevant work experience: _____

Please provide a general description of any existing relations you (or your employer) have with other law firms in the countries of the sponsoring host firms: _____

Are you fluent in English? Yes: No:

Hereinafter, or by separate e-mail to be sent in together with the application, provide (i) a statement of no more than 200 words on what you wish to get out of the ITechLaw India Traveling Fellowship Program, (ii) as well as some ideas (max. 2) as to how you could help to promote ITechLaw in India.

Do you have any knowledge of European law? Yes: No:

If yes, please give details:

In the order of preference, which areas of law and legal practice are you most interested in?

Please give the names, position and titles of two persons who you are asking to write in support of your application:

Reference 1

Reference 2

Name: _____

Name: _____

Job title: _____

Job title: _____

Organization: _____

Organization: _____

Hobbies & Interests:

Have you visited Europe before? Yes: No:

If yes, please give details & dates:

What languages besides English do you speak? Please state level of fluency
(i.e. basic/working knowledge/fluent)

Do you have any special medical, physical or dietary needs? Yes: No:

Please give details below if applicable. Note that if selected for the program, you will be asked to complete a declaration of health form before your place is confirmed:

DISCLOSURE

ITechLaw will use the information you have given on this form to assess you as a candidate for the ITechLaw India Traveling Fellowship Award. The information provided will be passed to the members of the Award Jury. If you are successful, the details will be used to administer the Traveling Fellowship Program.

Where you have provided any information relating to any special medical, physical or dietary needs, we will only use this to ensure that your needs can be met.

The information given in the application of the Award recipient will be passed on to the hosting firms for the purpose of arranging the stay of the Award recipient at the respective location.

DECLARATION

I declare that the above statements are true and accept that my participation in the Traveling Fellowship Program may be brought to an end if any statement proves to be false.

I undertake that

- If I am offered a place on the program, I will fully participate and will spend the whole of the relevant period at the host firms in Europe;
- I will sign a confidentiality agreement with the host firm, presented by it upon arrival;
- I will abide by the rules of conduct of my host firms, during my stay with them;
- I will be responsible for appropriate insurance coverage relating to damages, loss of property, health care and otherwise;
- I will in all other respects abide by the Rules of the Award.

Signature _____

Date ____ / ____ / ____