

ANNEX I
APPLICATION FORM
II INTERNATIONAL COURSE “AQUACULTURE PRODUCTION TECHNOLOGIES AND
USE OF BYPRODUCTS FROM AQUACULTURE AND FISHERIES”

OFFICIAL APPLICATION

(To be signed and confirmed by the highest authority of the institution)

COUNTRY

Morocco

APPLICANT'S INSTITUTION NAME

Ministry of Agriculture , Maritime Fisheries , Rural Development and Water and Forests
- Department of Maritime Fisheries -

Our organization recommends this application pursuant to the regulations of the South-South Cooperation Scholarship Program, AGCI - Universidad Católica del Norte; according to the call for applications and the relevant general information. If this application is accepted, the applicant is authorized to participate during their working hours on the dates determined by organizers of this International Course. Once the course is concluded, the organization shall give support as needed for the proper implementation and sharing of the knowledge gained.

Supervisor name	EL KTIRI TAOUFIK	Official Seal
Position	Director of General and Legal Affairs	
Email	elktiri@mpm.gov.ma	
Date	Signature	

PART I: INSTITUTION INFORMATION

1. Institution profile

a) Organization name

b) Organization type (mark with an "X")

Government	<input type="checkbox"/>	Academic	<input type="checkbox"/>	Private	<input type="checkbox"/>	International	<input type="checkbox"/>	Other*	<input type="checkbox"/>
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If "Other", please specify:

c) Organization mission

In case of any other type of cooperation, briefly describe the main activities:

2. Application objective

- a) Describe your institution strategic objectives related to the INTERNATIONAL COURSE

- b) Briefly describe how this course will help you to achieve those objectives.

- c) Briefly describe the specific actions that your institution will take to achieve and/or complement those objectives.

- d) Briefly describe the reasons why the applicant has been selected, in relation with:
1) course requirements, 2) capacity/position or role in the institution, 3) action plans or other.¹

PART II: APPLICANT'S INFORMATION

¹ If more than one applicant, please indicate the priority when attaching the documents to the scholarship platform.

1. Personal information

Lastname*			
Name			
Nationality			
Date of birth			
Sex	Male		Female
Passport n°			
Passport expiration date			
Home address			
City			
Telephone			
Email**			

*Please provide information exactly as appears in your passport.

**If accepted, all the information will be sent to this email address. Please provide an email that you check on a regular basis.

Emergency contact:

Lastname*	
Name	
Relationship	
Home address	
Telephone	
Email	

2. Academic information
(Only university studies)

Title/Degree	Institution	Country	Term	
			From	To

Other courses and certifications
(Only those related to this International Course)

Course	Institution	Country	Term	
			From	To

Have you been awarded with an AGCI scholarship?

Yes _____ No _____

If "Yes", please specify:

Scholarship	Country of study	Course

3. Work information

1) Current position (Position and institution)

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2) Role description

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3) Work experience

Position* (from the most recent to the oldest)	Institution	Country	Term	
			From	To

*Briefly describe your role in each position.

STATEMENT

(to be signed by applicant)

I hereby declare that I have read the call for applications as well as the instructions and corresponding annexes, and that the information provided is true and fully as required.

NAME	DATE	SIGNATURE

I hereby declare I speak and write in English.*
(Only for non-Spanish speaking countries)

NAME	DATE	SIGNATURE

*Attach supporting document such as accreditation exam, if available.