

# INTERNATIONAL MONETARY FUND-MIDDLE EAST CENTER FOR ECONOMICS AND FINANCE (CEF) - Nomination Form

<b>Course Number:</b>	<b>Course Name:</b>	<b>Nomination Deadline:</b>	<input type="radio"/> Principal Nominee <input type="radio"/> Alternate Nominee
First Name	Middle Name	Family Name	
Date of Birth (month/day/year)	Birth County	Birth City	Citizenship
<input type="radio"/> Male	<input type="radio"/> Female	<input type="radio"/> Single	<input type="radio"/> Married

CURRENT JOB INFORMATION	
Job Title	E-Mail Address
Section/Division	Agency Street Address
Agency Name	Agency City and Postal Code
Department	Country
Work Phone Number	Home Phone Number
Work Fax Number	Alternative Fax Number

Summarize your duties as they relate to the subject of the course. Please note that the application will not be processed without adequate description of current duties. **IMPORTANT:** Please read the course description and qualifications to ensure that you are qualified for the course to which you are applying. Please confine your description to this space.

PRIOR WORK EXPERIENCE			
Previous Job Titles			
Name of Agency			
Dates Employed	From:                      To:	From:                      To:	From:                      To:

LANGUAGE SKILLS
Which of the following languages do you read, write, and speak very well: <input type="radio"/> English <input type="radio"/> Arabic

EDUCATION			
Degrees/Diplomas Received			
Major Subjects			
Dates Attended	From:                      To:	From:                      To:	From:                      To:
Institution/University			
Country of Institution			
Language of Instruction			

IMF Institute Staff Reference Only:
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Date: \_\_\_\_\_ Nominee's Signature: \_\_\_\_\_

# Sponsor's Nomination and Certification Form

Sponsor's First Name	Sponsor's Middle Name	Sponsor's Family Name
<input type="radio"/> Mr. <input type="radio"/> Mrs. <input type="radio"/> Ms.	Sponsor's Nationality	
Sponsor's Job Title	Agency Street Address	
Section/Division	Agency City and Postal Code	
Department	Country	
Agency Name	Agency Telex Number	
Agency Phone Number	Agency E-Mail Address	
Agency Fax Number	Alternative Fax Number	

I, the undersigned, acting on behalf of the above named agency where the nominee is employed, hereby sponsor the following nominee, and certify the information below.

Name of Nominee \_\_\_\_\_

Course Name \_\_\_\_\_ and Course Number \_\_\_\_\_

1. The information supplied by the nominee on preceding page is correct.
2. The nominee, if accepted as a participant in the course, will receive a leave of absence with regular pay for the duration of the course and, on return, will resume current duties, or assume a new position.
3. The nominee, if accepted, will be given no other duties or assignments during the period of the course.
4. In case of withdrawal of a confirmed participant after the IMF has prepaid the airline ticket, the sponsoring agency will be responsible for any travel costs incurred by the IMF; and the sponsoring agency will be responsible for the costs of the participant's repatriation, if any personal difficulties or circumstances arising during his/her participation in the course should render repatriation necessary.
5. The IMF will be reimbursed promptly by the sponsoring agency for all medical expenses that the IMF incurs as a result of any of medical conditions, as well as for any medical expenses incurred by participants (and family), which are not covered by the IMF's medical insurance policy (including pregnancy-related expenses).



Date: \_\_\_\_\_ Certifying Sponsor's Signature: \_\_\_\_\_

Completed form should be sent to:  
 IMF-CEF Institute  
 Course Administrator  
 E-mail:  
 Fax:  
 Tel (W):  
 Cell (W):