

**Technical Training for Russian-Speaking Station Operators of**



**the IMS Waveform Stations**

**26 – 30 May 2025**

**Dubna, Russian Federation**

REGISTRATION FORM

**Please, write legibly since this information will be used for all correspondence. Check carefully: email address and fax number. Name should be written as it appears in your PASSPORT!**

**Ms. Mr.**

**FAMILY NAME FIRST NAME (S)**

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| **NATIONALITY** | | **DATE OF BIRTH (DD.MM.YYYY)** | | **PLACE OF BIRTH** | | |
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| **PASSPORT No** | | **ISSUING DATE AND ISSUER** | | **EXPIRING DATE** | | | **DEPARTURE AIRPORT** | |
|  |  |  |  | |  |  | |  |

**POSITION:**  Station Operator Station Manager Technician



Other (indicate position) \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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| **IMS STATION CODE** | | **NAME OF INSTITUTION** |
|  |  |  |  |
| **STREET, NUMBER** |  |  |  |

|  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- |
| **CITY** | | **POST CODE** | | **COUNTRY** | | |
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| **PHONE (INCL. INT CODE)** | | **FAX (INCL. INT CODE)** | | **EMAIL** | | |
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| **CONTACT PERSON IN CASE OF EMERGENCY (NAME, ADDRESS, PHONE)** | |
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**KNOWLEDGE OF LANGUAGES: What is your mother tongue? \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

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| --- | --- | --- | --- | --- | --- | --- | --- | --- |
|  | **Read** | | **Write** | | **Speak** | | **Understand** | |
| **OTHER LANGUAGES** | **Easily** | **Not easily** | **Easily** | **Not easily** | **Fluently** | **Not fluently** | **Easily** | **Not easily** |
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**EDUCATION and TRAINING**

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| **A. University or equivalent** | | | | | |
| Name, place and country | Years attended | | Degrees and academic distinctions | | Main course of study |
|  | from | to |
|  |  |  |  | |  |
|  |  |  |  | |  |
|  |  |  |  | |  |
| **B. Schools or other formal training or education during last three years *(e.g. high school, technical school or apprenticeship)*** | | | | | |
| Name, place and country | Type | | Years attended | | Certificates or diplomas obtained |
|  |  | | From | to |
|  |  | |  |  |  |
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**EMPLOYMENT RECORD**: Your present post and previous post. Use a separate block for each post.

|  |  |  |
| --- | --- | --- |
| From (*month/year*) | To (*month/year)* | Exact title of your post |
|  |  |  |
| Name of employer | | Type of business |
| BRIEF DESCRIPTION OF YOUR DUTIES | | |
|  | | |
| From (*month/year*) | To (*month/year)* | Exact title of your post |
|  |  |  |
| Name of employer | | Type of business |
| BRIEF DESCRIPTION OF YOUR DUTIES | | |

#### DIRECTOR OF INSTITUTION OR FIRM CANDIDATE

(Name, date, signature) (Date, signature)

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| ............................................................ | ........................................................ |  |

This Training Registration Form must be returned through the appropriate country’s Permanent Mission in Vienna or Ministry of Foreign Affairs by latest **28 March 2025**,in order for a candidate to be considered for the programme. Please send to:

Capacity Building and Training Section, International Data Centre Division (CBT/IDC)

CTBTO Preparatory Commission

P.O. Box 1200, A-1400

Vienna, Austria

Tel: +43 1 26030 6132

Email: [training@ctbto.org](mailto:training@ctbto.org)

However, pending its official transmission, it can be emailed after it has been signed by the Director of Institution or Firm, in order not to delay the preparation by CTBTO for the candidate’s participation.

**Each participant is responsible for obtaining his/her own visa to RUSSIAN FEDERATION, upon receipt of an official Acceptance Note Verbale from the Provisional Technical Secretariat.**