ISA | MNRE of the Russian Federation
2019 TRAINING PROGRAMME

NOMINATION FORM

**Instructions:**
The Nomination Form is to be completed by a senior official of the nominating Government or Institution and sent to training@isa.org.jm.

I ________________________________________________________________________
(Print name of responsible official)  (Exact designation/title of the responsible official)

Nominate ________________________________________________________________
(Candidate's surname, given name, middle name)

On behalf of the Government/Institution

_______________________________________________________________________
(Name of Country and/or Institution)

as a candidate for the **ISA / MNRE of the Russian Federation 2019 TRAINING PROGRAMME**

And I certify that the nominating Government gives the following assurances:

(a)  All information supplied by the candidate is complete and correct;

(b)  The candidate will be made available at the time and for the period required for the training;

(c)  The International Seabed Authority accepts no responsibility for the medical and life insurance of the trainee or financial and any other responsibilities arising from injury, illness, missing or death that may occur to the trainee during the training period.
Name of Nominating Authority:

____________________________________________________

Address of Nominating Authority:

____________________________________________________

Signature of Nominating Official:

____________________________________________________

Position/Title of Nominating Official:

____________________________________________________

(AFFIX OFFICIAL SEAL OR STAMP)

Date:__________________

Tel:____________________ Fax:____________________

Email:__________________________________________