

B. ACADEMIC QUALIFICATION

University/Institution (Bachelor and post graduate only)	Major Field of Study	Cert. /Diploma/Degree	Year

C. TRAINING/ SEMINAR (Last 5 years only)

University/ Institute/ Org.	Major Field of Training/Seminar	Year

D. PARTICIPATION IN OTHER APO PROJECTS (Last 5 Years only)

YES

NO

If yes, please specify below

PROJECT	DATES	YEAR

E. PRESENT JOB DUTIES/ACTIVITIES

State your present job duties and other activities in consultancy, training, research and publication relevant to the project. Please attach organization chart, and highlight your position.

F. PREVIOUS EMPLOYMENT / JOB EXPERIENCE (Last Five Years)

For each previous employment / job experience, please give designation, organization worked for, period of employment, and job duties.

G. OBJECTIVE FOR PARTICIPATION

Kindly refer to Project Notification, and state relevancy of project to your work, and indicate your expectation (s) from the project.

H. DECLARATION BY CANDIDATE

I hereby declare that I have read and understood the APO Project Notification for this project. I further declare that the information as provided by me in this document is true and accurate. I understand and accept that any false declaration of information on my part will disqualify me from the project, even when it is in progress.

I hereby also undertake to abide by the regulations prescribed by the APO, the host country(ies), and the implementing organization(s) during the entire period of this project, and to participate fully in it.

Signature: _____

Date:

Name:

I. CONFIRMATION OF CANDIDATE'S ENGLISH LANGUAGE PROFICIENCY

(To be filled by APO Director/Alternate Director/Liaison Officer)

The candidate's English Language proficiency has been evaluated as follows:-

- As fluent as the candidate's native language.
- Competent to participate in discussion and express himself.
- Proficient enough to follow lectures/discussions, but will have difficulties in expressing ideas and giving comments.

I further certify that the candidate belongs to:

- SME
- Profit making organization (non-SME)
- Non-profit making organization

Signature: _____

Name: _____

Designation: _____

Date: _____

HIRAKAWACHHO DAIICHI SEIMEI
BUILDING
1-2-10 HIRAKAWACHO,
CHIYODA-KU, TOKYO
TOKYO 102-0093, JAPAN
TEL : (813) 5226-3920
FAX : (813) 5226-3950

ASIAN PRODUCTIVITY ORGANIZATION

APO MEDICAL AND INSURANCE DECLARATION FORM

Only for Applicant without any of the Health Conditions listed on the Reverse Side

1. NAME (last name, first name, middle name)		
2. DATE OF BIRTH	3. NATIONALITY	4. SEX () Male () Female
5. APO PROJECT CODE AND NAME (VENUE)		
<p>I hereby declare that :</p> <ul style="list-style-type: none"> a. I have read carefully the Project Notification of the above APO project and declare that I have the physical and mental fitness to attend the APO project; b. I have had no health conditions listed on the reverse side during the last 5 years and am free from any ailment likely to impair the health of others or affect my participation in the APO project; c. I shall secure the required comprehensive travel insurance as specified in the Project Notification of the above APO Project; d. I understand that neither APO nor the implementing organization shall be liable for any medical or other costs incurred during the project, except for those specifically stated in the Project Notification; and e. I shall bring with me the necessary medicines for minor illness as prescribed by my physician since they may not be readily available at the venue of the above APO project. <p>I affirm this declaration on medical and insurance requirements of the APO project as specified in the Project Notification.</p> <div style="display: flex; justify-content: space-between; margin-top: 20px;"> <div style="width: 45%; text-align: center;"> <hr style="border: 0; border-top: 1px solid black; margin-bottom: 5px;"/> Date </div> <div style="width: 45%; text-align: center;"> <hr style="border: 0; border-top: 1px solid black; margin-bottom: 5px;"/> Applicant's Signature </div> </div>		

APO MEDICAL AND INSURANCE CERTIFICATION FORM

Only for Applicant having any of the Health Conditions stated under item. 6 below

1. NAME (Last name, first name, middle name)		
2. DATE OF BIRTH	3. NATIONALITY	4. SEX () Male () Female
5. APO PROJECT CODE AND NAME (VENUE)		
6. Please indicate "Yes" or "No" if you had ever had any of the following during the last 5 years :	YES	NO
a. Tuberculosis, asthma, emphysema, or other lung illnesses		
b. High blood pressure, heart by-pass, heart attack or other heart diseases		
c. Stomach ulcer, liver (hepatitis), gall bladder disease		
d. Kidney problem, stone or blood in urine		
e. Diabetes, sugar or glucose in blood or urine		
f. Depression, attempted suicide, or other psychological symptoms		
g. Tumor, abnormal growth, cyst or cancer		
h. Bleeding disorder, blood disease (sickle cell anemia)		
i. Malaria, Cholera, small pox or epidemic disease		
j. Allergy		
k. Other serious illnesses (Please specify)		
<p>I certify that the above information is true and correct to the best of my knowledge. I understand that neither APO nor the implementing organization shall be liable for any physical or mental problem that I may develop during my participation in the APO project and that I shall be responsible for bringing with me necessary medicines as prescribed by my physician since they may not be available at the venue of the project. Further, I understand that I shall have to secure the required comprehensive travel insurance as specified in the project Notification of the above APO Project.</p> <p style="text-align: center;">_____</p> <p style="text-align: center;">Date Applicant's Signature</p>		
TO BE COMPLETED BY A MEDICAL DOCTOR		
Based on above given information, I have examined the above applicant and certify that he/she is free from any ailment likely to impair the health of others and fit to participate in the APO project referred to in this form.		
Hospital/Clinic's Name : _____		
Examiner's Name & Title : _____		
Examiner's Signature : _____ Date : _____		
Remarks, if any : _____		