



บันทึกข้อความ



ส่วนราชการ..... กองการเจ้าหน้าที่..... ส่วนสวัสดิการ..... โทร. ๓๑๖๑-๒

ที่ มท ๐๖๐๓/ ๑๓๕๖๖..... วันที่ ๒๗ ตุลาคม ๒๕๖๕.....

เรื่อง..... ทุนฝึกอบรมหลักสูตร Comprehensive Disaster Risk Reduction ของรัฐบาลญี่ปุ่น.....

เรียน หัวหน้าผู้ตรวจราชการกรม ผู้อำนวยการกอง ผู้อำนวยการสำนัก ผู้อำนวยการสถาบัน เลขานุการกรม และหัวหน้าหน่วยงาน

กรมความร่วมมือระหว่างประเทศ แจ้งว่า รัฐบาลญี่ปุ่นเสนอให้ทุนแก่รัฐบาลไทย เพื่อส่งเจ้าหน้าที่เข้ารับการฝึกอบรมหลักสูตร Comprehensive Disaster Risk Reduction ระหว่างวันที่ ๑๒ มกราคม - ๒๓ กุมภาพันธ์ ๒๕๖๖ ณ ศูนย์ JICA ภูมิภาค Kansai เมือง Kobe ประเทศญี่ปุ่น และขอให้กรมป้องกันและบรรเทาสาธารณภัยพิจารณาเสนอชื่อผู้สมัครขอรับทุน จำนวน ๑ คน ซึ่งมีคุณสมบัติ ดังนี้

๑. เป็นข้าราชการพลเรือนระดับปฏิบัติการขึ้นไป ซึ่งบรรจุหรือโอนมาปฏิบัติงานในกรมป้องกันและบรรเทาสาธารณภัยไม่น้อยกว่า ๑ ปี
๒. รับผิดชอบงานเกี่ยวกับการลดความเสี่ยงจากภัยพิบัติ หรือการป้องกันและบรรเทาภัยพิบัติ
๓. มีประสบการณ์การทำงาน ๕ ปี ขึ้นไป และมีอายุไม่เกิน ๕๐ ปี
๔. จบการศึกษาระดับปริญญาตรีขึ้นไป
๕. มีทักษะภาษาอังกฤษดี โดยมีผลการทดสอบภาษาอังกฤษ เช่น DIFA TES TOEFL TOEIC IELTS อย่างใดอย่างหนึ่งเพื่อประกอบการพิจารณา
๖. มีทักษะการใช้คอมพิวเตอร์

จึงเรียนมาเพื่อโปรดทราบและแจ้งให้ข้าราชการในสังกัดทราบโดยทั่วกัน หากมีผู้ประสงค์สมัครขอรับทุนดังกล่าว ขอให้จัดทำใบสมัครขอรับทุนที่แนบมาพร้อมนี้ ส่งถึงกองการเจ้าหน้าที่ ภายในวันที่ ๓ พฤศจิกายน ๒๕๖๕

(นายบุญเลิศ ยิ่งเจริญพร)
ผู้อำนวยการส่วนสวัสดิการ รักษาราชการแทน
ผู้อำนวยการกองการเจ้าหน้าที่



ปก.ก้าวสู่ทศวรรษที่ ๓
"เป็นหน่วยงานกลางในการป้องกันและบรรเทาสาธารณภัย
ทั้งกับภัยและภัยพิบัติทางธรรม"



แบบพิมพ์ทุน ๑
กรมความร่วมมือระหว่างประเทศ

ติดรูปถ่าย

รายละเอียดเกี่ยวกับผู้สมัครรับทุน
(โปรดกรอกรายละเอียดให้ละเอียดและตัวบรรจง)

ส่วนที่ ๑: แหล่งผู้ให้ทุน/หลักสูตร

(นำส่งเพียงคนละ ๑ ชุด)

แหล่งผู้ให้ทุน.....
ชื่อหลักสูตร/สาขาวิชา/ระยะเวลา.....
.....
.....
ณ ประเทศ.....

สำหรับเจ้าหน้าที่กรมความร่วมมือ
ระหว่างประเทศ
ได้ตรวจสอบคุณสมบัติขั้นต้นแล้ว
 มีคุณสมบัติถูกต้องตามที่กรมฯ
และแหล่งทุนกำหนด

ส่วนที่ ๒: สังกัดของผู้สมัครรับทุน

ชื่อหน่วยงาน (ภาษาไทย).....
(ภาษาอังกฤษ).....
ที่อยู่ติดต่อได้.....
แผนก/ฝ่าย/กอง.....
โทรศัพท์..... โทรสาร..... โทรศัพท์(บ้าน).....
โทรศัพท์มือถือ..... E-mail Address:.....
บุคคลที่ผู้สมัครประสงค์จะให้ติดต่อในกรณีเร่งด่วน : ชื่อ..... โทรศัพท์.....

ส่วนที่ ๓: ประวัติส่วนบุคคลและการศึกษา

ชื่อ (นาย/นาง/นางสาว).....นามสกุล.....
Name (Mr./Mrs./Miss).....Surname.....
ชื่อ/นามสกุลเดิม (ในกรณีที่มีการเปลี่ยนชื่อ/นามสกุล)
นาย/นาง/นางสาว.....นามสกุล.....
Name (Mr./Mrs./Miss).....Surname.....
อายุ.....ปี.....เดือน (เกิดวันที่.....เดือน.....พ.ศ.....)
สถานภาพสมรส: โสด สมรส อื่นๆ.....
วุฒิการศึกษา/สาขา.....
.....
สถาบัน/ประเทศ.....
.....
คะแนนรวมซึ่งได้รับจากการศึกษาระดับปริญญาตรี (เฉพาะผู้ขอรับทุนการศึกษา).....

ส่วนที่ ๔: ประวัติการรับทุน

เคยได้รับทุนที่ดำเนินการผ่านกรมความร่วมมือระหว่างประเทศ (เฉพาะ ๒ ครั้งสุดท้าย) คือ

๑. แหล่งผู้ให้ทุน.....เพื่อไป ศึกษา ฝึกอบรม สัมมนา ทำงาน ประชุม
สาขาวิชา/หลักสูตร.....
ระหว่างวันที่.....ณ ประเทศ.....

๒. แหล่งผู้ให้ทุน.....เพื่อไป ศึกษา ฝึกอบรม สัมมนา ทำงาน ประชุม
สาขาวิชา/หลักสูตร.....
ระหว่างวันที่.....ณ ประเทศ.....

นอกเหนือจากการสมัครรับทุนครั้งนี้ อยู่ในระหว่างการสมัครรับทุนจากองค์กร/รัฐบาลอื่นหรือไม่

ไม่อยู่ระหว่างการสมัครรับทุนอื่น

อยู่ระหว่างการสมัครรับทุน.....

ส่วนที่ ๕: ประวัติการทำงาน (อดีตและปัจจุบัน)

ตำแหน่ง	ระยะเวลา (วัน/เดือน/ปี)	หน่วยงาน	หน้าที่ความรับผิดชอบ

ข้าพเจ้าขอรับรองว่า ข้าพเจ้าเป็นผู้มีคุณสมบัติตรงตามคุณสมบัติของผู้สมัครรับทุนที่กรมความร่วมมือระหว่างประเทศ ได้แจ้งเวียนให้ทราบ และข้อความที่แจ้งไว้ในแบบพิมพ์นี้ถูกต้องและเป็นความจริงทุกประการ หากปรากฏภายหลังว่าไม่เป็นไปตามที่ข้าพเจ้ารับรองไว้ให้ถือว่าข้าพเจ้าเป็นผู้ขาดคุณสมบัติในการสมัครรับทุนครั้งนี้

(ลงชื่อผู้สมัครรับทุน).....
(.....)
...../...../.....



This guideline explains how to apply for the Knowledge Co-Creation program (KCCP) of the Japan International Cooperation Agency (JICA) under the Official Development Assistance Program of the Government of Japan.

Please complete the Application Forms according to the guideline. For additional information, please consult the JICA Office, or in its absence, the Embassy of Japan in your country.

Form	Filled by
Form1. Official Application Form	<ul style="list-style-type: none"> • To be filled by you and your supervisor* • To be signed by your supervisor • Official stamp of your organization is needed.
Form2. Nomination from the Organization	You and your supervisor *
Form3. Individual Application Form	You
Form4. Questionnaire on Medical Status and Restrictions	You
Form5. Terms and Conditions, and Declaration	You

*Supervisor: the head of the department/division of your organization

Please be advised:

- (a) To carefully read the General Information (GI) of the KCCP,
- (b) To fill only in typewritten except for signature,
- (c) To fill in the form in **English**,
- (d) To use "√" or "x" to mark the () options,
- (e) To attach your photographs,
- (f) To prepare document(s) described in the GI and/or confer with the JICA Expert or JICA overseas office, and attach these documents to the completed Application Forms,

In submitting the Application Forms and attached documents, please make sure:

- (g) To prepare a copy of your passport,
- (h) To confirm the application procedure stipulated by your government,
- (i) To submit the original Application Forms with all necessary document(s) to the responsible organization of your government according to its application procedure, and
- (j) That your participation may be denied, if you fail to provide all required information and documents completely and on time.

**CHECK LIST before submission:**

Items	Form No.	Check
1. Fill in all items in typewritten	All the forms	
2. Your signature	Form 3, 4, 5	
3. Signature of your supervisor*	Form 1, 2	
4. Official stamp of your organization	Form 1	
5. Your photo	Form 3	
6. Attach a copy of passport (Machine Readable Zone) *Applicants from Latin American and the Caribbean Countries, please refer to the note below.	-	
7. Attach the required document(s) as instructed in the GI	-	

*Supervisor: the head of the department/division of your organization

Note for Applicants from Latin American and the Caribbean Countries:

- (1) If you are from any of the countries listed below and have a passport with a valid U.S. visa, please attach herewith a copy of Identification Pages on the inside cover of your passport (i.e. the two pages that include your photograph and detailed passport information), and the page of U.S. visa:

Antigua and Barbuda, Argentina (only Japanese descendants), Barbados, Bolivia, Brazil, Chile, Colombia, Dominica, Ecuador, Grenada, Guatemala, Guyana, Haiti, Mexico, Peru, Rep. of Dominica, St. Christopher and Nevis, St. Lucia, St. Vincent and the Grenadines, Suriname, or Venezuela.

- (2) If you are from any of countries listed below and have a passport without a valid U.S. visa, please attach herewith a copy of Identification Pages on the inside cover of your passport (i.e. the two pages that include your photograph and your detailed passport information).

Belize, Costa Rica, El Salvador, Honduras, Jamaica, Marshall, Micronesia, Nicaragua, Palau, Panama, Paraguay, Trinidad and Tobago, and Uruguay.



Application form for the JICA Knowledge Co-Creation Program:

*To be signed by your supervisor (the head of the relevant department / division of your organization).

1. Course Title (as shown in the GI)

Comprehensive Disaster Risk Reduction

2. Course Number (the number as "xxxxxxxJxxx" shown in the GI)

202107985-J001

3. Course Duration

From 12/Jan/2023 to 23/Feb/2023 (DD/MM/YYYY)

4. Country

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5. Organization

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6. Name of the Nominee(s)

1)	3)
2)	4)

7. Confirmation by the organization in charge

Our organization hereby applies for the Knowledge Co-Creation Program of the Japan International Cooperation Agency and proposes to dispatch qualified nominees to participate in the programs.

Date:			Signature:		
Name:					
Title / Position					Official Stamp
Department / Division					
Office Address and Contact Information	Address:				
	Tel:	E-mail:		Fax:	

(If necessary) Confirmation by the organization in charge

I have examined the documents in this form and found them true. Accordingly, I agree to nominate this person(s) on behalf of our government.

Date:			Signature:		
Name:					
Title / Position					Official Stamp
Department / Division					

Application form for the JICA Knowledge Co-Creation Program:

*To be signed by your supervisor (the head of the relevant department / division of your organization).

1. Reason for nominating the Applicant



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Please describe the reason(s) why the Applicant was selected, referring to the following points; 1) Program requirement, 2) Capacity/Position, 3) Future plan to be done by the Applicant after the KCCP, 4) Future plan of your organization and 5) Others.

2. Expectation and Future Plan of Actions

Please describe how your organization shall make use of the expected achievement of the Applicant after the program, in addressing the said issues or problems.

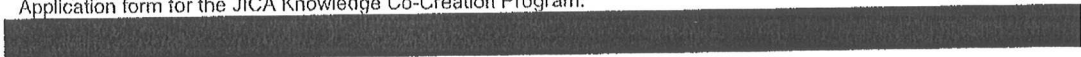
By nominator (head of relevant department/division)

Date

Name and Title/Position

Signature

Application form for the JICA Knowledge Co-Creation Program:



*To be filled by Applicant.

1. Course Title: (as shown in the GI)

2. Course Number: (the number as "xxxxxxxxJxxx" shown in the GI)

3. Personal Information on Applicant

1) Name of Applicant (as shown in the passport)

Attach here your photo

(taken within the last six months)

Size: 4.5x3.5cm



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*Please type the name as shown in the passport carried. The information will be used for flight arrangements.

Family Name /Surname

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First Name

--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--

Middle Name

--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--

2) Nationality (as shown in the passport)				
3) Sex (for VISA application)	() Male		() Female	
4) Date of Birth	Date	Month (ex. April)	Year	Age (as of the date of the form)

5) Passport/Visa

Passport possession	() Yes	() No	Expiry date of passport	Date	Month	Year
USA visa possession*	() Yes	() No				

*Applicants from Latin American and the Caribbean Countries only.

**6) Contact Information**

Private	Address:	
	TEL*:	Mobile*:
	FAX*:	E-mail:
Office	Address:	
	TEL*:	Mobile*:
	FAX*:	E-mail:
Emergency Contact	Name:	
	Relationship to you:	
	Address:	
	TEL*:	Mobile*:
	FAX*:	E-mail:

*Please fill it out from country code for telephone, mobile, and fax number.

7) Present Position

Organization		
Year that entered the organization		
Department / Division		
Title		
No. of years of service in the present position	Years	From (Month/Year)
Type of Organization	<input type="checkbox"/> National Government <input type="checkbox"/> Local Government <input type="checkbox"/> Public Enterprise <input type="checkbox"/> Private (profit) <input type="checkbox"/> NGO/Private (Non-profit) <input type="checkbox"/> University <input type="checkbox"/> Other _____	
Number of employees		
Home Page Address		

Questionnaire on Relationship with the Military

*If your organization and/or your status is related to the Military, please mark with YES or NO below in the () which best describes the relationship.

(YES / NO) the Military, an active military personnel or a military personnel listed in the muster roll/military register
(YES / NO) an organization affiliated with the Military, or a personnel who does not belong to the military at present but is listed in the muster roll/military register
(YES / NO) the Department or the Ministry of Defense, an organization affiliated with the Ministry of Defense, or staff of the Ministry of Defense
(YES / NO) an civilian organization but with military personnel or a military division within the organization
(YES / -NO) an organization which will be affiliated with or under the control of the Military in times of emergency as specified clearly in its organic law/law of establishment

**4. Experience and Eligibility****1) Career Background (After graduation and before taking the present position)**

*Only Applicants for KCCP (Group and Region Focused) are requested to fill in this part.

Organization	City/ Country	Period		Position or Title and Department/Division	Brief Job Description
		From Month/Year	To Month/Year		

2) Academic Background (University, College or Higher Education)

Institution	City/ Country	Period		Degree	Major
		From Month/Year	To Month/Year		

3) Experience of Training or Study in Foreign Countries (including all the training experience in JICA's programs)

*Only Applicants for KCCP (Group and Region Focused) are required to fill in this part.

Institution	City/ Country	Period		Field of Study / Program Title
		From Month/Year	To Month/Year	

4 Language Proficiency (Self-Assessment)

1) Language to be used in the course (as shown in GI)				
Listening	() Excellent	() Good	() Fair	() Poor
Speaking	() Excellent	() Good	() Fair	() Poor
Reading	() Excellent	() Good	() Fair	() Poor
Writing	() Excellent	() Good	() Fair	() Poor
Language Test Scores if any (ex. TOEFL, TOEIC, etc.)				
2) Mother Tongue				
3) Other languages ()	() Excellent	() Good	() Fair	() Poor



Excellent	Refined fluency skills and topic-controlled discussions, debates & presentations. Formulates strategies to deal with various essay types, including narrative, comparison, cause-effect & argumentative essays.
Good	Conversational accuracy & fluency in a wide range of situations: discussions, short presentations & interviews. Compound complex sentences. Extended essay formation.
Fair	Broader range of language related to expressing opinions, giving advice, making suggestions. Limited compound and complex sentences & expanded paragraph formation.
Poor	Simple conversation level, such as self-introduction, brief question & answer using the present and past tenses.

5. Background and Purpose of Application

- 1) **Current challenges in the organization in relation to the theme of the KCCP you are applying:**
Describe the issues that your organization/department intends to tackle by participating in this program.

- 2) **Main duties of Applicant:** Describe your main duties and responsibilities in relation to this program.

- 3) **Relevant Experience of Applicant:** Describe previous occupational experiences that is highly relevant in this program.

- 4) **Your individual Goal:** Elaborate on your plans to apply the lessons learned from this program to your organization.

- 5) **Area of Interest and/or your expectation:** Specify your particular interest with reference to the contents of this program.

By Applicant



Japan International Cooperation Agency

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Date
Name and Title/Position
Signature

**(Self-Declaration)****1. Present Medical Status**

(a) Have you taken any medicine or had a medical checkup by a physician for your illness such as diabetes, hypertension, asthma, etc.?

<input type="checkbox"/> No	<input type="checkbox"/> Yes: Name of illness (_____), Name of medicine (_____) <i>If yes, please attach your doctor's letter (preferably, written in English) that describes the current status of your illness, and gives agreement to your participation in the program.</i>
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(b) Do you have any allergies with medicine, food, pollen, etc.?

<input type="checkbox"/> No	<input type="checkbox"/> Yes: What are you allergic to? What kind of allergic symptoms do you have such as itch, rash, hives, etc.? (_____)
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(c) Please indicate any needs arising from disabilities that may require additional support or facilities.

<input type="checkbox"/> No	<input type="checkbox"/> Yes: (_____) <i>Note: Disability will not lead to exclusion of the Applicant from the program. However, the Applicant may be directly inquired by the JICA official in charge for a more detailed account of his/her condition.</i>
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2. Medical History

(a) Have you had any illness such as heart, hepatic, kidney disease, etc.?

<input type="checkbox"/> No	<input type="checkbox"/> Yes: Please specify (_____)
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(b) Have you or/and your family members had tuberculosis?

<input type="checkbox"/> No	<input type="checkbox"/> Yes: Please specify (_____)
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(c) Have you ever been a patient in a mental clinic or been treated by a psychiatrist?

<input type="checkbox"/> No	<input type="checkbox"/> Yes: Please specify (_____)
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(d) Have you ever had any sleeping, eating or other disorders?

<input type="checkbox"/> No	<input type="checkbox"/> Yes: Please specify (_____) Name of medicine taken if any (_____)
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3. Other Medical Issues/Conditions

If you have any medical issues/conditions that are not described above, please indicate below.

* Are you pregnant?

<input type="checkbox"/> No	<input type="checkbox"/> Yes: Weeks of pregnancy (weeks)
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I certify that I have read the above instructions and answered all questions truthfully and completely to the best of my knowledge.

I understand and accept that medical conditions resulting from an undisclosed pre-existing condition may not be financially compensated by JICA and may result in termination of the program.

I understand and accept that this questionnaire will be checked for my health care by the people who are engaged in the program during my stay in Japan.

By Applicant

Date

Name and Title/Position

Signature

※Please notify JICA staff upon any changes in your health condition after submission of the form.

Application form for the JICA Knowledge Co-Creation Program

1. General Rules

The participants are requested:

- (1) to strictly observe the course schedule,
- (2) not to change the air ticket (and flight class and flight schedule arranged by JICA) and lodging by the participants themselves,
- (3) to understand that leaving Japan during the course period (to return to home country, etc.) is not allowed (except for programs longer than one year),



- (4) not to bring or invite any family members (except for programs longer than one year),
- (5) to carry out such instructions and abide by such conditions as may be stipulated by both the nominating Government and the Japanese Government in respect of the course,
- (6) to observe the rules and regulations of the program implementing partners to provide the program or establishments,
- (7) not to engage in political activities, or any form of employment for profit,
- (8) to discontinue the program, should the participants violate Japanese laws or JICA's regulations, or the participants commit illegal or immoral conduct, or get critical illness or serious injury and be considered unable to continue the course,
- (9) to return the total amount or a part of the expenditure for the KCCP depending on the severity of such violation, should the participants violate the laws and ordinances,
- (10) not to drive a car or motorbike, regardless of an international driving license possessed,
- (11) to observe the rules and regulations at the place of the participants' accommodation, and
- (12) to refund allowances or other benefits paid by JICA in the case of a change in schedule.

2. Privacy Policy

The participants are requested to understand Privacy Policy of JICA as follows.

(1) Scope of Use

Any information used for identifying individuals that is acquired by JICA will be stored, used, or analyzed only within the scope of JICA activities. JICA reserves the right to use such identifying information and other materials in accordance with the provisions of this Privacy Policy.

(2) Limitations on Use and Provision

JICA shall never intentionally provide information to a third party that can be used to identify individuals, with the following three exceptions:

- (a) legally mandated disclosure requests;
- (b) the information provider grants permission for information disclosure to a third party;
- (c) JICA commissions a party to process information collected, in which case the information provided will be within the scope of the commissioned tasks.

(3) Security Notice

JICA takes any measures required to prevent leakage, loss, or destruction of acquired information, and to otherwise properly manage such information.



- *Information Security Policy of JICA in relation to Personal Information Protection
- JICA will properly and safely manage personal information collected through Application Forms in accordance with JICA's Privacy Policy and the relevant laws of Japan concerning protection of personal information and take protection measures to prevent divulgation, loss or damages of such personal information.
 - Unless otherwise obtained approval from the Applicant him/herself or there are valid reasons such as disclosure under the laws and ordinances, etc. and except for the reasons 1-3 below, JICA will neither provide nor disclose personal information to any third party. JICA will use personal information provided only for the purposes in 1-3 below and will not use the information for any purposes other than those described in 1-3 below without prior approval of the Applicant him/herself.
1. To provide the KCCP to Participants.
 2. To provide the KCCP to Participants under the Citizens' Cooperation Activities.
 3. In addition to 1 and 2 above, if the government of Japan or JICA determines it necessary in technical cooperation.

※JICA's policy for the transfer of personal data from the European Economic Area (EEA) to outside the EEA (to Japan and third countries);

JICA has revised "Bylaws for the Implementation of Personal Information Protection" which was published based on Japan's legislation by adding new provisions regarding how to deal with personal data within the EEA in order to meet General Data Protection Regulations (GDPR's) requirements for data protection. Based on the new bylaws, JICA entered into the EU Standard Contractual Clauses (SCCs) which allows us to transfer personal data from offices within the EEA to offices outside the EEA (in Japan and third countries).

3. Copyright Policy

The participants are requested to comply with the following;

1. The participants shall use all the documents provided for the KCCP (including texts, materials, etc.), within the scope approved by each copyright holder.
If the participants apply to the KCCP, the participants shall also comply with terms of use of copyrighted works for the KCCP that are shown on the JICA website.
(https://www.jica.go.jp/english/our_work/types_of_assistance/tech/acceptance/training/index.html)
2. All the documents for the KCCP (including reports, action plans, presentations, etc.) shall be prepared by the participants themselves in principle. If the participants use a third party's work (reproduction, photograph, illustration, map, figures, etc.), which is protected under the laws and regulations in the participants' country or copyright-related multinational agreements, the participants shall obtain a license to use the work within the scope approved by the copyright holder.
3. The participants shall agree that JICA may use the documents prepared by the participants (including but not limited to reproduction, public transmission, distribution and modification) for other programs conducted by JICA (for example, as reference for other KCCP courses and project formulation).

4. Portrait Right Policy

During the implementation period of KCCP, JICA (including hired photographer and



program implementing partners) will shoot photographs and video footage mainly for the following purposes:

- Use on the website or in SNS administrated/operated by JICA,
- Use in JICA publications (public relations magazines, annual reports, journals, etc.) in printed or electronic form,

*Photos and images taken will not be used for commercial purposes and the participants' personal information will not be disclosed to any third party without the consent of the participants.

JICA would appreciate it if the participants of KCCP grant the participants themselves portrait right license to JICA for photos and images taken described above. It is, however, not a requirement of KCCP. The participants do not agree to grant the participants themselves portrait right license to JICA, has absolutely no problem in participating KCCP. JICA respects the intention of each Participant.

DECLARATION (to be signed by the Applicant)

- I understand and fully agree to the following terms and conditions set forth above.
 1. General Rule
 2. Privacy Policy
 3. Copyright Policy

I will be subject to any penalties imposed as a consequence of my failure to abide by the above terms and conditions.

I understand the intention of JICA on "4.Portrait Right Policy" mentioned above, and my intention for usage/publication of photographs and videos including the portrait of myself by JICA for the purpose above is as follows:
 Agree Disagree

I certify that the statements I made in this form are true, complete and correct to the best of my knowledge and belief.

By Applicant

Date

Name and
Title/Position

Signature