N°2023-63 /ABFI/CA/MC_{BA}

New Delhi, le 13 Juillet 2023

Le Chargé d'Affaires a.i

A

Monsieur le Ministre de l'Agriculture, des Ressources
Animales et Halieutiques

S/C

Madame le Ministre des Affaires Etrangères, de la
Coopération Régionale et des Burkinabè de l'Extérieur
-OUAGADOUGOU-

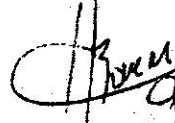
Objet : Programme de formation portant sur l'expérience
de la Malaisie sur la transformation rurale, du 19 au
29 septembre 2023 à Kuala Lumpur en Malaisie

Monsieur le Ministre,

En référence à la lettre No.CB/TRG/INFRA-Malaysia/2023 du 07 juin 2023 du Secrétaire Général de l'organisation Africaine pour le Développement Rural (AARDO) mettant deux bourses d'études à la disposition de deux experts du Burkina pour une durée de 11 jours, soit du 19 au 29 septembre 2023 à Kuala Lumpur, en Malaisie, le Secrétaire Général à travers une deuxième correspondance No.CB/TRG/INFRA-Malaysia/2022 du 12 juillet 2023 demande aux éventuels candidats de bien vouloir scanner leurs dossiers de candidature et copies de passeports et les transmettre à l'organisation par l'adresse email suivante : cbdp@aardo.org, au plus tard le 18 juillet 2023.

Je vous prie d'agréer, Monsieur le Ministre, les assurances de ma haute considération.

P.J : documents y relatifs



Aimé Yves BADO
 Chevalier de l'Ordre du Mérite

RE: International Training Programme on "Rural Transformation: The Malaysian Experience" INFRA, Kuala Lumpur, Malaysia, INFRA, 19-29 September 2023

cbdp@aardo.org <cbdp@aardo.org>
To: sg.secretariat@agriculture.bf
Cc: ambassadeburkinafasoindia@gmail.com

Wed, Jul 12, 2023 at 9:24 AM

**AFRICAN-ASIAN RURAL DEVELOPMENT ORGANISATION
(AARDO), NEW DELHI, INDIA**

No. CB/TRG/INFRA-Malaysia/2022

12 July 2023

Sub: International Training Programme on "Rural Transformation: The Malaysian Experience", INFRA, Kuala Lumpur, Malaysia, 19-29 September 2023

Dear Sir,

Kindly refer to the letter of H.E. the Secretary General, AARDO, dated 06 June, 2023 inviting nomination for the **Offline International Training Programme on "Rural Transformation: The Malaysian Experience"**, scheduled to be held at INFRA, Kuala Lumpur, Malaysia, 19-29 September 2023.

It is kindly requested that the particulars, along with the scanned copy of the duly filled in application form and passport of the prospective nominee(s), may be arranged to be forwarded to AARDO Secretariat, through the email: cbdp@aardo.org latest by **18 July, 2023**. The application form is enclosed herewith for kind reference.

Your kind cooperation in this regard would be highly appreciated.

Best regards,

Programme Coordinator & Head, Research Division,

AARDO, New Delhi, India

Mobile: +91-9818289159

Tel.: 0091-11-26877783

From: cbdp@aardo.org <cbdp@aardo.org>

Sent: Wednesday, June 7, 2023 4:46 PM

To: 'sg.secretariat@agriculture.bf' <sg.secretariat@agriculture.bf>

Cc: 'ambassadeburkinafasoindia@gmail.com' <ambassadeburkinafasoindia@gmail.com>

Subject: International Training Programme on "Rural Transformation: The Malaysian Experience" INFRA, Kuala Lumpur, Malaysia, INFRA, 19-29 September 2023

Dear Sir/Madam,

Kindly find enclosed herewith the letter from H. E. the Secretary General on the above subject.

Thanks and Regards

Mohsin Ali

Capacity Building & Development Projects (CB & DP) Division

African-Asian Rural Development Organization (AARDO)

New Delhi 110021, INDIA

Phone: +911126115936

 **AARDO - INFRA Application Form.docx**
266K



AARDC
 Agensi Amanah Desa dan Wilayah



KEMENTERIAN
 KEMAJUAN DESA DAN WILAYAH



Please affix
 passport
 size
 photograph

APPLICATION FORM

**COURSE CONDUCTED UNDER THE
 MALAYSIAN TECHNICAL
 COOPERATION PROGRAMME (MTCP)**

Please type in capital letters using only English Language. Do not leave any space blank. Use "NIL" or "N/A" where applicable

FOR OFFICIAL USE ONLY

Reference no	:	_____				
Received	:	_____				
Checked	:	_____				
Recommendation by Mission	:	<table border="1"> <tr> <td><input type="checkbox"/></td> <td>YES</td> </tr> <tr> <td><input type="checkbox"/></td> <td>NO</td> </tr> </table>	<input type="checkbox"/>	YES	<input type="checkbox"/>	NO
<input type="checkbox"/>	YES					
<input type="checkbox"/>	NO					

Title of Course:	Date of Course:
------------------	-----------------

1. PERSONAL DETAILS

Family Name (surname):	Date of birth: Day Month Year
First Name:	Citizenship:
Other Names:	Gender:
City and country of birth:	Marital status:
Passport No.: Type of Passport: (Diplomatic/Official/Regular) Expiry Date:	Religion:

2. CONTACT DETAILS

Office Address:	Postal / Home Address:												
Mobile: Country Area Number	Home: Country Area Number												
Office: Country Area Number	Fax: Country Area Number												
Email:													
Person to be contacted in case of emergency:													
<table border="1"> <tr> <td>Family</td> <td>Office</td> </tr> <tr> <td>Name:</td> <td>Name:</td> </tr> <tr> <td>Relation:</td> <td>Position:</td> </tr> <tr> <td>Mobile Number:</td> <td>Mobile Number:</td> </tr> <tr> <td>Address:</td> <td>Address:</td> </tr> <tr> <td>Email:</td> <td>Email:</td> </tr> </table>	Family	Office	Name:	Name:	Relation:	Position:	Mobile Number:	Mobile Number:	Address:	Address:	Email:	Email:	
Family	Office												
Name:	Name:												
Relation:	Position:												
Mobile Number:	Mobile Number:												
Address:	Address:												
Email:	Email:												

NOTE: This application form should be duly completed and endorsed by the national focal point for technical cooperation in your country. Forms that are incomplete or not endorsed will not be accepted.

5. REASONS FOR APPLYING THIS COURSE

Please state briefly the reasons for applying to this course and how you hope to benefit from the course.

Please continue on supplementary pages if necessary

Have you participated in any training programme in Malaysia before? YES/NO

Name of Programme:

Organiser:

Year:

Have you participated in any MTCP training programme in Malaysia before? YES/NO

Name of Course:

Name of Training Institute:

Year:

6. ENGLISH LANGUAGE PROFICIENCY

	Excellent	Good	Fair	Basic	Remarks
Listening					
Speaking					
Writing					
Reading					

Mother tongue : _____

NOTE: This application form should be duly completed and endorsed by the national focal point for technical cooperation in your country. Forms that are incomplete or not endorsed will not be accepted.

8. APPLICANT'S DECLARATION

I, _____ of _____
Name of applicant Representing Country

Declare that:

- a) All information provided is true, complete and accurate to the best of my belief and knowledge, and that I have not willfully suppressed any material facts;
- b) I am medically fit and free from any medical problems which may impair my ability to attend and complete the training in Malaysia;
- c) I will be personally liable for **all** medical expenses due to pre-existing conditions/illnesses incurred during my stay in Malaysia after my admission to any Malaysian government hospitals/clinics, and also other than those covered under the Group Personal Accident Insurance. (All successful participants are covered under Group Personal Accident. The Group Personal Accident does **not** cover any pre-existing conditions/illnesses or any outpatient medical/dental treatment. Participants are personally liable for medical expenses beyond what is covered by the insurance policy. **As the coverage is limited, participants are advised to make their own arrangements to obtain adequate medical insurance coverage for their stay in Malaysia;** and
- d) For pregnant female applicants only: I am _____ months pregnant and am/am not certified by a qualified doctor to be medically fit and in good health to travel and attend the training in Malaysia

Upon successful selection for the training award, I undertake to:

- a) carry out instructions and abide by such terms and conditions as may be stipulated by the nominating and host governments in respect of this training course;
- b) abide by the rules and regulations of the training institution in which I undertake to study in or be trained under;
- c) submit/present any report which may be required;
- d) refrain from engaging in political activities and any form of employment for profit or gain;
- e) return to my home country upon completion of the training; and
- f) discontinue the course should I be found guilty of misconduct or be medically unfit.

I fully understand that if I fail to comply with the terms and conditions of the training award, and/or any of the above declarations are found to be untrue, the award will be terminated with immediate effect and I will be liable to depart from Malaysia at my own expense.

Date

Signature of applicant

LETTER OF INDEMNITY

I _____, Passport Number: _____ having an address at

_____, hereby declare that I shall be personally liable for and shall indemnify the

Government of Malaysia and _____ against all liabilities, claims, losses, demands,
name of the training institute

actions, suits, proceedings, costs or expenses, in part/total, whatsoever arising under the laws of Malaysia or common

law which may be made or taken against the Government of Malaysia and/or _____
name of the training institute

or incurred or become payable by the Government of Malaysia and/or _____ in respect of any
name of the training institute

medical illness, personal injury (whether fatal or otherwise), or the death of any person, by reason of my

carelessness, negligence, omission or default, in the course of my training with _____ which
name of the training institute

is appointed by the Government of Malaysia.

Dated this _____ day _____ of 20 _____

Signature of applicant)
Name of applicant)
Date)

In the presence of
Signature of Witness)
Name of Witness)
Designation of Witness)
I/C or Passport No.)

NOTE: This application form should be duly completed and endorsed by the national focal point for technical cooperation in your country. Forms that are incomplete or not endorsed will not be accepted.

10. TO BE COMPLETED BY THE NOMINATING GOVERNMENT

Reasons for applicant's selection

The post which the applicant will be required to fill upon satisfactory completion of training

Relevance of the course to applicant's job

OFFICIAL DECLARATION BY THE NOMINATING AGENCY

On behalf of the Government of _____, I _____
Country Name of Official

Certify that:

- a) I have examined the educational, professional or other certificates quoted by the applicant in this form and I am satisfied that they are authentic and relate to the applicant
- b) The applicant is medically fit and free from infectious disease and that, having regard to his/her physical and mental history, there is no reason to suppose that the applicant is other than fit to undertake the journey to Malaysia and to remain in Malaysia for the duration of training;
- c) Should the nominee seek medical consultation/treatment for his/her pre-existing conditions/illnesses during his/her period of stay in Malaysia, he/she would be personally liable for all medical expenses incurred, other than those covered under the Group Personal Accident Insurance; an
- d) The applicant has attained a level of proficiency in both spoken and written English to enable him/her to follow the course of study/training for which he/she is being nominated.

I nominate (Dr/Mr/Mrs/Ms*) _____ holding Passport No.: _____
 for the training course.

Name and Designation

Signature and Official Stamp

Name and Organization

Country code - Area code - Office tel no.

Email address

Country code - Area code - Office tel no.

ENDORSEMENT BY THE MINISTRY OF FOREIGN AFFAIRS

Name

Email Address

(Ministry's Official Stamp)

Designation

Name of Organization

Signature

Country code - Area code - Office tel no.

Country code - Area code - Office tel no.

NOTE: This application form should be duly completed and endorsed by the Ministry of Foreign Affairs or the National Focal Point for Technical Assistance in your country. Forms which are incomplete or not endorsed will not be accepted

N°2023-63 /ABFI/CA/MC_{BA}

New Delhi, le 13 Juillet 2023

Le Chargé d'Affaires a. i

A

Monsieur le Ministre de l'Agriculture, des Ressources
Animales et Halieutiques

S/C

Madame le Ministre des Affaires Etrangères, de la
Coopération Régionale et des Burkinabè de l'Extérieur
-OUAGADOUGOU-

Objet : Programme de formation portant sur l'expérience
de la Malaisie sur la transformation rurale, du 19 au
29 septembre 2023 à Kuala Lumpur en Malaisie

Monsieur le Ministre,

En référence à la lettre No.CB/TRG/INFRA-Malaysia/2023 du 07 juin 2023 du Secrétaire Général de l'organisation Africaine pour le Développement Rural (AARDO) mettant deux bourses d'études à la disposition de deux experts du Burkina pour une durée de 11 jours, soit du 19 au 29 septembre 2023 à Kuala Lumpur, en Malaisie, le Secrétaire Général à travers une deuxième correspondance No.CB/TRG/INFRA-Malaysia/2022 du 12 juillet 2023 demande aux éventuels candidats de bien vouloir scanner leurs dossiers de candidature et copies de passeports et les transmettre à l'organisation par l'adresse email suivante : cbdp@aardo.org, au plus tard le 18 juillet 2023.

Je vous prie d'agréer, Monsieur le Ministre, les assurances de ma haute considération.

P.J : documents y relatifs



Aimé Yves BALD
 Chevalier de l'Ordre du Mérite

RE: International Training Programme on "Rural Transformation: The Malaysian Experience" INFRA, Kuala Lumpur, Malaysia, INFRA, 19-29 September 2023

cbdp@aardo.org <cbdp@aardo.org>
To: sg.secretariat@agriculture.bf
Cc: ambassadeburkinafasoindia@gmail.com

Wed, Jul 12, 2023 at 9:24 AM

**AFRICAN-ASIAN RURAL DEVELOPMENT ORGANISATION
(AARDO), NEW DELHI, INDIA**

No. CB/TRG/INFRA-Malaysia/2022

12 July 2023

Sub: International Training Programme on "Rural Transformation: The Malaysian Experience", INFRA, Kuala Lumpur, Malaysia, 19-29 September 2023

Dear Sir,

Kindly refer to the letter of H.E. the Secretary General, AARDO, dated 06 June, 2023 inviting nomination for the **Offline International Training Programme on "Rural Transformation: The Malaysian Experience"**, scheduled to be held at INFRA, Kuala Lumpur, Malaysia, 19-29 September 2023.

It is kindly requested that the particulars, along with the scanned copy of the duly filled in application form and passport of the prospective nominee(s), may be arranged to be forwarded to AARDO Secretariat, through the email: cbdp@aardo.org latest by **18 July, 2023**. The application form is enclosed herewith for kind reference.

Your kind cooperation in this regard would be highly appreciated.

Best regards,