

# REPUBLIC OF THE PHILIPPINES DEPARTMENT OF FINANCE BUREAU OF CUSTOMS Manila 1099

#### **CUSTOMS TRAINING CIRCULAR**

NO. CTC-08-2016

June 09, 2016

TO

: All Customs Officials and Employees

**SUBJECT** 

Scholarship for the Master's Degree Programme in

Strategic Management and Intellectual Property Rights (IPR)

- 1.0 This is to inform that this Bureau is being invited by Worlds Customs Organization (WCO) to nominate candidates to the upcoming Scholarship for the Master's Degree Programme in Strategic Management and Intellectual Property Rights (IPR).
- 2.0 In view thereof, we would like to request nominees from your group/port to attend this course by accomplishing the pre-registration form, duly endorsed by the respective head of the group/ports concerned:

| Programme Title   | Application Requirements  | Schedule   |
|---|---|--|
| Scholarship for the<br>Master's Degree<br>programme in<br>Strategic<br>Management and<br>Intellectual<br>Property Rights<br>(IPR) | <ul> <li>Bachelor's Degree or Higher</li> <li>Must have rendered at least two years of service in the government at the time of nomination</li> <li>Must hold a permanent appointment at the organization nominating him/her</li> <li>Proficiency in English:         <ul> <li>Suitable level of proficiency in English to be able to write a thesis is required.</li> <li>Minimum scores in relevant English tests should be as follows:</li></ul></li></ul> | March 2017 and finish in<br>March 2018 in Aoyama<br>Gakuin University (AGU),<br>Tokyo Japan. |

- 3.0 Accomplished pre-registration forms together with comprehensive resume shall be submitted on or before June 30, 2016 (Thursday) to the Interim Training and Development Division, 4<sup>th</sup> Floor, Port of Manila Building. The training staff will be coordinating with your office on this matter. Their contact number is (02) 5270506 or visit AGU's website (http://www.aoyamasmiprp.jp/).
- 4.0 Thank you.

By Authority of the OIC, Internal Administration Group:

Supervising Administrative Officer
Interim Training & Development Division

#### **PRE-REGISTRATION FORM**

| Please type of space blank.           |            |           |   |               |  | leave       | any     | 12           |     |        |
|---------------------------------------|------------|-----------|---|---------------|--|-------------|---------|--------------|-----|--------|
| Programme:                            |            |           |   |               | DIC.   |             |         |              |     |        |
| Course Title:                         |            |           | ,                                       |               |  |             |         |              |     |        |
|                                       |            |           | *************************************** | ******        |  |             |         |              |     |        |
| Course Dates                          | i:         |           |   |               |  |             |         |              |     |        |
| Applicant's                           | Partic     | ulars     |   |               |  |             |         |              |     |        |
| Salutation                            |            | Dr/Mr/    | /Mrs/Ms/Other                           | rs (please sp | ecify)   |             |         |              |     | *      |
| Family Name                           |            |           |   |               |  |             |         |              |     |        |
| Given Name                            |            |           | was used as a second second             |               |  |             |         |              |     |        |
| Nationality                           |            |           |   |               |  | Birth (dd   |         |              |     |        |
| Passport Number                       |            |           |   | 1 2           | Passpoi<br>(dd/mm/y                            | 199         | oiry D  | ate          |     |        |
| Gender                                |            |           |   |               | Marital  |             |         |              |     |        |
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| Government of                         |            |           |   | 1             | (if any)                                       | Nestricti   | Ulis    |              |     |        |
| (if different from na<br>Ethnic Group | tionality) |           |   |               |  |             |         |              |     |        |
| •                                     |            |           |   |               | Religion                                       |             | narture | to           |     |        |
| Current Job Title                     | -          |           |   |               | Airport of Departure to Singapore              |             |         |              |     |        |
| Home Addr                             | ess        | 2-03-61-2 |   |               |  |             |         |              |     | 17     |
| Country                               |            |           | State/Provin                            | ce            | T  |             | City/To | own          |     |        |
| Postal Address<br>(Street,            |            |           |   |               |  |             |         |              |     |        |
| House/Block,                          | <u> </u>   |           |   |               |  |             | 1       |              |     |        |
| Unit, etc)                            |            |           |   |               |  |             | Postal  | Code         |     |        |
|                                       | Country    | Area      | Num                                     | ber           |  |             | Country | Area         |     | Number |
| Tel No.                               | Code       | Code      |   |               | Mol  | nile        | Code    | Code         |     |        |
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| Country                               | T          |           | State/Provin                            | ce            | T  |             | City/To | own          | Γ   |        |
| Postal Address                        |            |           | <b>'</b>                                |               | 1  |             |         |              | 1   |        |
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| House/Block,                          |            |           |   |               |  |             | Postal  | Code         |     |        |
| Unit, etc)                            | Country    | Area      | Page 201                                |               | Т  |             | Country | Area         | -   |        |
|                                       | Code       | Code      | Numb                                    | oer           |  |             | Code    | Code         |     | Number |
| Tel No.                               |            |           | <u> </u>                                |               | Fax I  |             |         |              |     |        |
| Primary Email                         |            |           | ×1                                      |               | Ema  | ndary<br>il |         |              |     |        |
| Person to be                          | e notif    | fied in   | case of e                               | mergen        | су   |             |         |              |     |        |
| Name                                  |            |           |   | Relations     |  |             |         |              |     |        |
|                                       |            |           |   | Contact       |  | Country     | Code    | Area Code    | - 4 | Number |
| Address                               |            |           |   | Number        |  |             |         |              | ¥   |        |
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| Educational Qualifica  | ualification   | IS (starting with highest qualif   |                    | everse chronologic<br>From | al order)    |
| Ludcacional Qualinca   | tion Attained  | Educational Ins  | titution           | (dd/mm/yy)                 | To (dd/mm/yy |
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| Previous Attendave you previously at the programme? If yes, ple    | Description Descri | on of Qualification  ses sponsored under the Sin me and date of course(s)  Requirements          | ements             | Yes                        | /No          |
| Previous Attendave you previously at the programme? If yes, ple    | Description Descri | ses sponsored under the Sin me and date of course(s)  Requirements perience and training require | ements             | Yes                        | /No          |
| Previous Attendave you previously at the programme? If yes, ple    | Description Descri | ses sponsored under the Sin me and date of course(s)  Requirements perience and training require | ements             | Yes                        | /No          |
| Previous Attendave you previously at the programme? If yes, ple    | Description Descri | ses sponsored under the Sin me and date of course(s)  Requirements perience and training require | ements             | Yes                        | /No          |

#### APPLICANT'S DECLARATION

| l, of  | u .  |
|--|--|
| Name of applicant Rep  | resenting Country  |
|  |  |
| Declare that:  |  |
| VARIABLE NO. 100 - | curate to the best of much dist and leading  |
| I have not wilfully suppressed any material facts;   | curate to the best of my belief and knowledge, and tha   |
| (b) I am medically fit and free from any medical complete the training in Singapore;   | problems which may impair my ability to attend and   |
|  | months pregnant and am/am not certified by a qualified   |
| doctor to be medically fit and in good health to trave   | el and attend the training in Singapore; and   |
| covered under the Group Personal Accident Insurance  | s incurred during my stay in Singapore, other than those<br>ce and Group Hospital & Surgical Insurance policy.       |
| (All successful participants are covered under Gro<br>Insurance. The Group Hospital & Surgical Insurance   | oup Personal Accident and Group Hospital & Surgica does not cover any pre-existing conditions/illnesses o            |
| what is covered by the insurance policy. As the cov  | nts are personally liable for all medical expenses beyond<br>erage is limited, participants are advised to make thei |
| own arrangements to obtain adequate medical insur  | ance coverage for their stay in Singapore.)  |
| Upon successful selection for the training award, I ur   | idertake to:   |
| <ul> <li>(a) carry out instructions and abide by such terms a<br/>and host governments in respect of this training cour</li> </ul>   | and conditions as may be stipulated by the nominating rse;   |
| <ul><li>(b) abide by the rules and regulations of the train<br/>trained under;</li></ul>   | ing institution in which I undertake to study in or be   |
| (c) submit/present any report which may be required  | <b>)</b> ;   |
| <ul><li>(d) refrain from engaging in political activities and an</li></ul>   | y form of employment for profit or gain;   |
| (e) return to my home country upon completion of the   | ne 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 ter<br>the above declarations are found to be untrue, the<br>will be liable to depart from Singapore at my own exp  | ms and conditions of the training award, and/or any of award will be terminated with immediate effect and loses.     |
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| Date   | Signature of applicant   |
|  |  |

## Page 4 TO BE COMPLETED BY THE NOMINATING GOVERNMENT

Applicant's Proficiency in the English Language

|                 | Excellent          | Good               | Fair                | Basic  |
|-----------------|--------------------|--------------------|---------------------|--------|
| Spoken          |                    |                    |                     | Dasic  |
| Written         |                    |                    | 1                   |        |
| Applicant's Fit | ness Level         |                    |                     |        |
|                 | Excellent          | Good               | Fair                | Basic  |
| Health          |                    |                    |                     |        |
| Reasons for ap  | plicant's selectio | on                 |                     |        |
|                 |                    |                    |                     | -      |
|                 |                    |                    |                     |        |
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| The post which  | the applicant      |                    |                     |        |
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### Page 5 TO BE COMPLETED BY THE NOMINATING GOVERNMENT

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 Singapore and to remain in Singapore for the duration of training;
- (c) Should the nominee seek medical consultation/treatment during his period of stay in Singapore, he would be personally liable for all medical expenses incurred, other than those covered under the Group Personal Accident Insurance and Group Hospital & Surgical Insurance policy; and
- (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.

| IDORSED BY   | :                  |  |
|--------------|--------------------|--|
| lead) žesti. |                    |  |
|              | NAME/ SIGNATURE    |  |
|              |                    |  |
|              | DESIGNATION/OFFICE |  |