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Master's Degree and Internship Program of the <u>African Business Education Initiative for Youth</u>
(ABE Initiative) 4th Batch

APPLICATION FORM

1. Declaration of desired university placement

Require to check the ABE Initiative Portal site!!

(1) All applicants are required to specify first, second and third choice of Universities, S and the respective Field of studies by reference to "ANNEX4: University Information and ABE Initiative Portal site (http://www.education-japan.org/africa/search/).

If you fail to fill the information correctly, your application will not be evaluated by the selected university.

Priority	Graduate School Code	Name of selected University and Graduate School	Program and Degree(See "4 .Program and Degree" of Detailed University Information)	Supervisor of Choice The	Field of Study supervisor's na be chosen from	ame
Example	12A	***University, Graduate School of***	Information and Computer Science/ Master of Science in Engineering	Professor list in Initiative Portal		the ABE
1	26E	Hokkaido University, Graduate School of Engineering	English Engineering Education program(e3) [Division of Energy and Environmental Systems] in Engineering	Professor *****	Engineering	
2	<mark>121A</mark>	Nagasaki University, Graduate School of Engineering	Water and Environmental Engineering Program In Engineering	Professor *****	Engineering	
3	95A	University of Tsukuba, Graduate School of Systems and Information Engineering	Disaster Control Engineering, Dept. of Engineering Mechanics and Energy / in Engineering	Professor ******	Engineering of selected	

(2) If disqualified by the universities of first, second and third-choice at the 3rd second the other appropriate universities for you. To grant JICA the authority to che please sign your name below.

Name of selected University, Graduate School, Program and Degree and Field of Study must be same as information of ABE Initiative Portal site.

I, Ahmad El Sayed, give JICA full authority to choose the university at which I information Years needed for graduation On the condition that period of stay in Japan Initiative Portal site. work and graduate is for up to two(2) and a han year on research student, two(2) years for Master's course). It will be decided based on the program schedules and admission conditions of the university. In case that you cannot agree above time table due to any reasons such as granted leave duration at working place, please mention your condition. [I can participate in program with above time table (up to two and a half years). [] I cannot p table, however it is possible Signature must be with following t original and sign on (Available pel ate: Year)

all pages.

Applicant: Ahmad El Sayed

Thmad El Sayed(Signature)

	(Reason:)
Internship program	The internships after graduation are supposed to be maximum of six (6) months. Please indicate whether or no participate in the program.	
	[✓] I can participate.	
	*maximum period is up to six (6) months	
	[] I cannot participate.	
	Available period to participate in Internship: ()	month(s)

Reg. No.

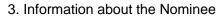
2. Personal Informati

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Master's Degree and Internship Program of the African Business Education Initiative for Youth (ABE Initiative)

2. Number (NOT need to fill in, JICA will inform after selection procedures)

J				
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1) Name of Nominee (as in the passport)

Family Name



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First Na	ame											be sa		as
A H	M A	D							youi	r Pas	spor	t or I	D	
Middle	Name													
EL														

Nationality (as shown in the passport)	Senegal		•	Birth (please of April 1st,		
3) Sex	(🗸) Male	() Female	Date	Month	Year	Age
4) Religion	Islam		23	January	1983	33

6) Passport/Visa

Passport possession	(✓) Yes	()No	Expiry date of passport	Date	Month	Year
(Bla	nk)			18	August	2022

7) Present Position and

Current Duties						D:11 ·	cc· · 1	
Organization Ministry of Energy and Water Fill in officia Don't use a								
Department / Division Water Resource Management								
Present Position Hydrology Engineer								
Date of employment by the	Date	Month	Year	Date of assignment to the	Date	Month	Year	
present organization	1	January	2013	present position	1	January	2013	

8) Type of Organization

(✓) National Governmental	() Local Governmental	() Public Enterprise
() Private (profit)	() NGO/Private (Non-profit)	() University
() Other ()	

9) Contact Information

CONFIDENTIAL

Annex 2. Application Form

	· HAND	WRITTEN FORMS WIII not be accepted
True v	Address: (Province/State) *******Province *******Street, ******** District, (Country	(City) ******* City
Hom Fill in Your Mobile number.	TEL(Primary): +(Country Code)-***-*** (Mobile)	TEL(Secondary): +(Country Code)-***-***
	E-mail: ****** @gmail.com	
	Address: (Province/State) *******Province ******Street, ******** District, (Country)	(City) ******* City
Office	TEL(Primary): +(Country Code)-***-***	TEL(Secondary): +(Country Code)-***-***
	E-mail: ****** @gmail.com	
	Name: Mohamand Sayed Relationship to you: Borther	
Contact person in emergency	Address: (Province/State) ******Province ******Street, ******** District, (Country)	(City) ******* City
	TEL(Primary): +(Country Code)-***-****	TEL(Secondary): +(Country Code)-***-***
	E-mail: ****** @gmail.com	

3. Educational Background

3. Educatio	Jilai Dac	ngi u u	IIIU								
Level	Name of S	School		cation ty and	Numb of sch	er of years ooling you			n/To	Academic	
2010.	Departr			untry)	have attended		((Month/Year)		Degree	
Example	*** Unive	ersity	-	irobi,	4	Years	9/1	999 t	o 6/2003	Bachelor of	
Ехапріс	Faculty	of ***	Ke	enya		Todis	Mont	h/Year	Month/Year	***	
Primary	*** Primary			akar _.	6	Years			6 /1996		
Education	N/A		Sei	negal			Month	Year	Month/Year		
_ower Secondary	***Secondary	y School	4	akar _.	3	Years			6 /1999		
Education	N/A	1	Sei	negal			Month/	Year .	Month/Year		
Jpper .	*** High Sc	hool	Da	akar			Q /10	000 to	6 /2002		
Secondary Education	N/A			negal	3	Years	Month/		Month/Year		
Higher	*** Unive	ersity	Da	akar		.,	9 /20	102 to	6 /2006	Bachelor of	
Education (University level)	Faculty	of ***	-1	negal	4	Years			Month/Year	***	
Other Higher	**	ttontion	I If ,	vou ho	ro Ma	ator'a	/ Month/	to Year	Acadeı	mic year	
Education (except training)			tention! If you have Master's Month/Year Macader acader							nic degree m	
Other Higher	de	gree also).				/	to	match	with y graduate	
Education (except training)							Month/			/diploma	
(encopt training)		Total	Years	of Educ	cation:	<mark>16</mark> year(:	<u>s)</u>			nic transcript.	
	Calculate c	orrectly!	\equiv							to report if it d atch due to spec	
(1) Language Pro	oficiency (real	uired)							reason	s such as repetit	
1) State your level of		•							of the skipping of the skippin	ne same gra ng the gra	
	Listening	() Exce	llent	(🗸) (Good	() Fa	air	(absence	e or sick leave.	
	Speaking	()Exc	ellent	(√) G	Good	() Fa	air	() Poor		
	Reading	()Exc	ellent	()G	Good	(√) Fa	air	() Poor		
	Writing	(✔) Exc	ellent	()G	Good	() Fa	air	() Poor		
Certificate (Examples:	TOEFL, TOEIC)	TOEFL if	BT 85			ı					
2) Mother Tongue		French									
3)Other languages (French)	(√) Exc	cellent	() Go	ood	() Fa	air	() 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

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.

(2)	Have you	aver heen	awarded .	a echolare	hin for	etudvina	ahroad?
(Z)	nave vou e	ever been	awarded	a scholars	mio ioi	Stuavina	abioadie

[] Yes Name of the Scholarship:

Country where you studied:

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Duration From (month/year) to (month/year) [✓] No
Are you currently applying for any scholarship(s), other than ABE Initiative? [] Yes Name of the Scholarship(s): [✓] No
Have you ever participated in any training course in your country or abroad including any offered by JICA?
[] Yes Name of the course: Country you visited: Name of the institution or agency: Duration From (month/year) to (month/year)
[/] No

*Please sign all the pages on the bottom of right-hand corner.

* HANDWRITTEN FORMS will not be accepted

4. Work Experiences

Provide the information of your work experience starting with the most recent one. Write it on a separate sheet of A4 sized paper when space is not enough. Full-time jobs, Part-time jobs and jobs before graduation from university can be included.

(1) Work Experience (as of application)

	Organization	Department	Position	Period of Working	From/To (Month/Year)	Full- time or Part- time	** Type
Ex.	Ministry of ***	*** Section, ***Directorate	Head	4 years	9/1999 to 8/2003 Month/Year Month/Year	Full	A
	recent) try of Energy and r	Water Resource Management	Hydrolog y Engineer	2 year 8 Months	1 /2013 to Present Month/Year Month/Year	Full	В
Ministry of Energy and Water		Project Coordination Unit	Project Coordina tor	6 years 4 Months	9 /2006 to 12/2012 Month/Year Month/Year	Full	В
					/ to / Month/Year Month/Year		
					/ to / Month/Year Month/Year		

**For the type of organization, please choo	ase from the following
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Α	Private Sector	B. Ministry/Governmental Institutio	n
л.	I IIVale Decidi	D. Millist Wooverlinental institution	

D. Others (non-profit organization etc.)

Total years of full-time job e	xperience:	_ <mark>9</mark> year(s)	month(s)
Total years of part-time job	experience:	year(s)	month(s)

(2) Name of your current employer: Ministry of Energy and Water *Do not abbreviate the name.

This information must be same as Page.3, 7) Present Position and current Duties.

(3) Name of current department: Water Resource Management *Do not abbreviate the name.

(4) Your Current Occupation (including Position Title) Hydrology Engineer

C. Higher Education and TVET (Technical and Vocational Education and Training) Institutions

*Please sign all the pages on the bottom of right-hand corner.

* HANDWRITTEN FORMS will not be accepted

(5) Confirmation of the nomination by the applicant's current organization

I agree to nominate this person on behalf of our organization.

Signature and Official Stamp must be original!

Date:15/September/ 2016

Name: Alfred Njihia

Designation / Position: Director

Department / Division: Water Resource Management

Telephone: +(Country Code)-***-****

E-mail: ********@gmail.com

5. Details of Current and Previous Employment

Please describe <u>your responsibilities in your current and previous work within **150 words**. When more space is needed, please write on separate sheets of A4 sized paper. Make sure to <u>sign on each page</u>.</u>

(Current Work)	
As Hydrology Engineer, I am doing	
(Previous Work)	
As Project Coordinator, I am doing	

6. Career Plan after Graduation

In connection with the fields of study of your choice shown on page 1, please describe <u>your idea /plan</u> to utilize your knowledge, skills and experiences that you obtained in Japan after returning to your home country <u>in 400-500 words</u>.

Please be reminded of the aim of the ABE Initiative which expects the participants to contribute to the development of industries of their home countries, to utilize the networks which are built up during stay in Japan, and to continue to foster good relationships between their countries and Japan.

When more space is needed, please write on separate sheets of A4 sized paper. Make sure to sign each page.

After completing my research and internship in Japan, I would like to.....

7. Research Plan

(1) To confirm the field of your research, choose the Item No. and Research Field from Annex 7, List of Categories, Areas, Disciplines and Research Fields.

Research Field	Item No.	
Hydraulic Engineering	5704	See Annex7.

^{*[}Item No.] is very important to avoid mismatching between your research plan and your desired university.

- (2) Write a brief research plan of your proposed Master's thesis more than 700 words (minimum 3 pages). At the selections, this research plan will be used by the faculty members of the Japanese university to evaluate your academic ability and motivation. Make sure to sign each page.
- (3) Below is an example of the structure of the research plan. Usage of this structure is not essential but strongly recommended.
 - (a) TITLE of your Master's thesis

(b) INTRODUCTION (1 paragraph):

To state clearly what your research interests are. Necessary to include the followings:

- Background information regarding the selected topic and your involvement (e.g. what is the main reason that you chose the topic, your relevant working experience, etc.)
- The main objective of your study

(c) MAIN BODY (approximately 3 paragraphs):

To provide specific information to support your ideas. To explain what you are going to study and how the research is conducted. Necessary to include the followings:

- · Brief explanation for your analysis of this topic.
- · Brief explanation for your research methodology.

Not to digress from the topic and to explain in brief what you want to learn in the Japanese university you chose.

!! IMPORTANT !!

- ✓ It must be demonstrated that your academic background and job experience are sufficient enough to engage in and complete the Master's course in Japan. In this regard, it is essential for you to select a research theme which is associated with your current or future assignment in your organization.
- ✓ It is desirable for you to discuss with your organization to get supporting references, such as a policy and/or strategic paper of the organization.
- ✓ You must have a good understanding of the Master's courses offered by the universities of your choice. The description in the research plan is used to evaluate whether the course is capable of supporting applicant's research.
- ✓ You should write the research plan in light of the requirements and characteristics of the Master's course. It is strongly recommended to contact the faculty before submitting the applications in order to know whether or not the universities of your choice can accept the research plan.

!! We DON'T accept a plagiarized research plan. !!

*Please sign all the pages on the bottom of right-hand corner.

* HANDWRITTEN FORMS will not be accepted

(d) CONCLUSION (1 paragraph):

8. Medical History

To stress the most important point(s) of your research plan, and your future work. Necessary to include the followings:

- The skills which you wish to obtain in Japan.
- How you intend to utilize your research to solve the issue(s) mentioned in the first part of the plan after returning to your home country. It should be focused on what difference will be made to your country/organization by your research and how to foster close connection with the Japanese private sector.

(a) Do you	Medical Status currently use any	medicine or ha	ve regular n	nedical che	eckup by a pl	nysician for y	our illness?
[/] No	[] Yes: Nam	e of illness	(), N	lame of me	dicine
	()					
	If yes, please at	tach your docto	or's letter (pi	<mark>eferably, и</mark>	vritten in Eng	<mark>lish) that des</mark>	<mark>cribes</mark>
	current status of	<mark>your illness ar y</mark>	<mark>nd agreemer</mark>	<mark>nt to join th</mark>	<mark>e program.</mark>		IIImportor
(b) Are yo	u pregnant?						!!Importar
[/] No	[] Yes: Months	of pregnancy	(months)			
(c) Are yo	u allergic to any m	edication or fo	od?				
[🗸] No	[]	Yes:	What	are	you	allergic	to?
	()			
(d) Please	e indicate any need	ds arising from	disabilities t	hat might ı	necessitate a	dditional sup	port or facilities.
(None)
Note: Disabi	lity does not lead to	exclusion of pers	ons with disal	bility from th	e program. Ho	wever, upon th	e situation,
you may be	directly inquired by the	e JICA official in o	charge for a m	ore detailed		!!!!	
			g	ore detailed	account of you	ir condition.	
(2) Past Me	edical History		g	ore detailed	account of you	ir condition.	
• •	edical History ou had any signifi			ore detailed	account of you	ir condition.	
• •	•				Please		pecify
(a) Have y	•		s illness?		-		pecify
(a) Have y	•	cant or serious	s illness? Ye	s:	Please)	s	pecify
(a) Have y	ou had any signifi	cant or serious	s illness? Ye	s: een treate	Please)	s iatrist?	pecify
(a) Have y [✓] No (b) Have y	ou had any signifi	cant or serious	s illness? Ye tal clinic or b	s: een treate	Please) d by a psych	s iatrist?	
(a) Have y [✓] No (b) Have y [✓] No	ou had any signifi	cant or serious	s illness? Ye tal clinic or b	s: een treate	Please) d by a psych	s iatrist?	
(a) Have y [✓] No (b) Have y [✓] No (3) Other M	ou had any signifi [(ou ever been a pa	cant or serious] atient in a ment	s illness? Ye tal clinic or b	s: een treate s:	Please) d by a psych Please)	s iatrist? s	
(a) Have y [✓] No (b) Have y [✓] No (3) Other M	rou had any signification of the control of the con	cant or serious] atient in a ment	s illness? Ye tal clinic or b	s: een treate s:	Please) d by a psych Please)	s iatrist? s	
(a) Have y [✓] No (b) Have y [✓] No (3) Other M	rou had any signification of the control of the con	cant or serious] atient in a ment	s illness? Ye tal clinic or b	s: een treate s:	Please) d by a psych Please)	s iatrist? s	
(a) Have y [✓] No (b) Have y [✓] No (3) Other M	rou had any signification of the control of the con	cant or serious] atient in a ment	s illness? Ye tal clinic or b	s: een treate s:	Please) d by a psych Please)	s iatrist? s	

9. Declarati	0	n
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I, (print your full name)	Ahmad El Sayed			,
declare that I apply for the Master's Degree and Ir	ternship Program	of the African	Business Edu	cation
Initiative for the Youth (ABE Initiative) with a full	understanding of	the "General	Information for	ABE
Initiative", especially the articles stipulated below:				

(1) APPLICATION

- 1. all the information answered and provided in this application form by me, is true and accurate to the best of my knowledge and ability. My application will be cancelled if any information is proven to be false.
- 2. all the information provided by me in this application form had been approved by my supervisor in my organization (Required only for Governmental Officials (including public organizations) and/or Educators.)
- 3. an application form which is incomplete or missing any necessary document(s) will be deemed ineligible and not considered.
- 4. the selection procedure and results rest entirely with JICA as the secretariat of ABE Initiative. No inquiries or objections by applicants regarding the result of the selection process will be considered.

(2) OBJECTIVE OF THE PROGRAM

When I am accepted for the program, I agree

- that the objective of the program which is written in G.I. Therefore, I will participate in observation tours of companies, summer internship, and post graduate internship as designated by JICA,
- 2. that I am required to contribute to the development of my nation's relationship with Japan after completing the Master's course and Internship in Japan,
- 3. that the objective of the program is not provision of employment in Japan upon completion of the program.

(3) JICA's GUIDELINES

When I am accepted for the program, I agree

- 1. to invite my family (spouse and children only) on my own responsibilities for all expenses and necessary procedures after 6 months upon arrival in Japan to follow JICA's Guidelines.
- 2. all the information answered in 8. MEDICAL HISTORY is true, and to 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,
- 3. to understand that if I am pregnant, I will discontinue the program and return home for the security of mother and fetus health following the consultation by JICA,
- 4. to carry out such instructions and abide by such conditions as may be stipulated by both the nominating government and the Japanese Government regarding the program,
- 5. to follow the program, and abide by the rules of the institution or establishment that implements the program,

- 6. to refrain from engaging in political activity or any form of employment for profit or gain,
- 7. to return to my home country at the end of the activities in Japan on the designated flight schedule arranged by JICA,
- 8. to discontinue the program if JICA and the applicatn's current organizations agree on any reason for such discontinuation and not to claim any cost or damage due to the said discontinuation.
- 9. to consent to waive exercise of my copyright holder's rights for documents or products that are produced during the course of the program, against duplication and/or translation by JICA, as long as they are used for the purposes of the program,
- 10. to approve the privacy policy and the copyright policy in the 'Guidelines of Application for ABE initiative',
 - JICA's Information Security Policy in relation to Personal Information Protection
- JICA will properly and safely manage personal information collected through this
 application form 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 an applicant itself or there are valid reasons such as disclosure under laws and ordinances, etc., and except for the following 1.-3., JICA will neither provide nor disclose personal information to any third party. JICA will use personal information provided only for the purposes in the following 1.-3 and will not use for any purpose other than the following 1.-3 without prior approval of an applicant itself.
 - 1. To provide ABE initiative to the participants.
 - 2. To provide ABE initiative to the participants from developing countries under the Citizens' Cooperation Activities.
 - 3. In addition to 1. and 2. above, if the government of Japan or JICA determines necessary in the course of technical cooperation.
- 11. to observe Japanese laws and ordinances (including, for example, such as 'Sexual Harassment') during my stay, if I violate, will return the total amount or a part of the expenditure required for ABE Initiative depending on the extent of the violation,
- 12. to understand that JICA does not assure issuance of Japan entry visa even after JICA decide to accept me. I understand the Embassy of Japan will decide it according to necessary formalities upon the submission of visa application from each participant.

	Signature must be
	original!
Signature:	Ahmad El Sayed
(*Please sign at the	bottom of each page including this page)
Date: (day)_ <u>18</u> _	_/(month)_ <u>September</u> _/(year)_ <u>2016</u>