

**GOVERNMENT OF INDIA**  
**MINISTRY OF EXTERNAL AFFAIRS**  
**INDIAN TECHNICAL AND ECONOMIC COOPERATION ( ITEC )**  
(Application for the courses fully funded by the Ministry of External Affairs, Government of India)

**APPLICATION FORM**



**Application Id:2025SOM000002**  
**(To be submitted at the Indian Embassy: "NAIROBI")**

**Part- I**

<b>Nationality</b>	SOMALIA	<b>Name of Course</b>	SPECIALIZED TRAINING PROGRAMME IN AI-FUTURE OF SOCIAL MEDIA
<b>Institute</b>	CENTRE FOR DEVELOPMENT OF ADVANCED COMPUTING MOHALI	<b>Commencing</b>	From 24-04-2025 To: 07-05-2025

**1. Personal Particulars**

<b>Name:</b>	ABDIDEK MOHAMED
<b>Surname:</b>	DIRIE
<b>Email:</b>	ai@moct.gov.so
<b>Sex:</b>	Male
<b>Marital Status:</b>	Single
<b>Date of Birth:</b>	12-12-1990

<b>Passport No:</b>	S00030655	Issue Date: 01-01-2023
	Valid Till: 31-12-2027	Place: Mogadishu
	<b>Office</b>	<b>Residence</b>
<b>Address</b>	Jahuria Road	Danwadaagaha Road
<b>Telephone No.</b>	252--611003239	--
<b>Mobile/Cell</b>	-	252-615351159
<b>Fax</b>	--	--
<b>Email</b>	info@moct.gov.so	ai@moct.gov.so

Special Dietary needs, if any:

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**Person(s) to be notified in case of Emergency**

	Official Contact	Peronal/Family Contact
<b>Name</b>	Liban Hussein	khadar Mohamed
<b>Address</b>	Bondhere district	Danwadagaha Road
<b>Tel Nos</b>	--	--
<b>Mobile/Cell</b>	252-615141041	252-615866564
<b>Fax</b>	--	--
<b>Email</b>	libanhuseinartan@gmail.com	abdi.dek5@gmail.com

**Educational Qualification(s)**

Degree / Diploma / Certificates	Year	Name of Educational Institute
Computer Science for Information Technology IT	2012	Simad University

**Professional Qualification(s), if any**

Professional Qualification(s)	Year	Name of Institute
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**2. Details of Employment/Profession (current & previous)**

Name of Employer	Position	Year	Nature of Work
Bakaal Remmitance	ICT CONSULTING	From: 2012 To: 2014	Is a professional who provides expert advice guidance, and support to organizations and technology.

**Present Employment Category: Government****Details of Current Employer**

<b>Name</b>	Ministry of Communications & Technology
<b>Current Employer Address</b>	Jamhuriya Street
<b>Current Email Id</b>	info@moct.gov.so
<b>Current Phone Number</b>	252-61-1003239
<b>Current Designation</b>	Head Section Artificial Intelligence
<b>Current Work Responsibilities</b>	Typically refers to a senior leadership role in charge of overseeing an organizations AI.
<b>Working Since</b>	22-10-2014

**3. Have you ever attended a course sponsored by the Government of India? Yes****3.1 If answer to 3 is yes, details of the Course (s):**

Name of Course	Institute	Year of Passing
ICT Polocy Planning	NTIPRT	2020

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**4. Details of Course(s) attended, if any, outside your country: Yes**

**4.1 If answer to 4 is yes, details of the Course (s):**

<b>Name of Course &amp; Duration</b>	<b>Country</b>	<b>Year</b>	<b>Sponser</b>
Mobile Application Development	kenya	2022	JICA
IDGC Capacity building training and Digital principles for horn of africa	kenya	2023	DAIL
CMS deep dive workshop	rwanda	2024	GIZ
TYPO3 AND JOGET training	kenya	2024	GIZ
RDF Arab states region	jordan	2025	ITU

**5. Description of (a) qualification/experience related to the course applied for (b) reason (s) for applying for this training course**

i am deeply interested in the evolving landscape of social media and the transformative impact that IA can have on it. As professional with a background in Head section of AI this program offers the perfect opportunity to enhance my knowledge and skills in AI, specifically in how it influences and drives social media trends. i am particularly excited to explore topics such as AI-driven content personalization, sentiment analysis, automated moderation, and the ethical considerations in using AI for social media platforms.

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**6. Certification of English language proficiency (by Indian Mission/Designated Authority)**

	Level	Remarks
Spoken		
Written		

Mother tongue / Native language:	
Other language(s), if:	
English Language test administered by	
Name	
Adress	
Telephone No.	--
Email	

Date

Signature

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## Medical Report

(i) Name of the Applicant	ABDIDEK MOHAMED
(ii) Age	34
(iii) Sex: (Male / Female)	Male
(iv) Height (cm)	179
(v) Weight (kg)	69
(vi) Blood Group	A+
(vi) Blood Pressure	
(viii) Blood Sugar	(Pre-prandial) : ( Peak post- prandial) :
1. Is the person examined in good health at present ?:	
2. Is the person examined physically and mentally fit to carry out intensive training away from home?	
3. Is the person free of infectious diseases (tuberculosis, trachoma, skindiseases etc.)?	
4. Has the person taken Yellow Fever inoculation (in case of people coming from Yellow Fever region or as laid out in WHO Regulations)	
5. Does the person examined have any chronic ailment which may require regular treatment/medication during the course?	-
6. List of any observed abnormalities indicated in the chest X ray.	
7. Does the person require any special assistance to carry out his daily activities? If yes, please specify	

I certify that the applicant is medically fit to undertake a training course in India.

Name of Doctor/Physician	
Registration No.	
Address of Clinic / Hospital	
City / Town	
Telephone	--
Email	
Date	

Signature of Doctor/Physician

Seal of Clinic/Hospital

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### UNDERTAKING BY THE APPLICANT

I MR ABDIDEK MOHAMED DIRIE of SOMALIA certify that information provided by me in this form is true, complete and correct.

I also certify that :-

- (i) I have read the course brochure and that I am aware of the course contents and living conditions in India.\*
- (ii) I have sufficient knowledge of English to participate in the training programme.
- (iii) I am medically fit to participate in the Course and have submitted a medical certificate from the designated doctor.
- (iv) I have not attended any programme previously sponsored by Government of India.
- (v) I have not applied for or am not required to attend any other training course/conference/meeting etc. during the period of the course applied for.

If accepted for the ITEC training programme, I undertake to:

- (a) Comply with the instructions and abide by Rules, Regulations and guidelines as may be stipulated by both the nominating and sponsoring Governments in respect of the training;
- (b) Follow the full and complete course of study/ training and abide by the Rules of the University/Institution/ Establishment in which I undertake to study or undergo training;
- (c) Submit periodic assessments / tests conducted by the Institute (progress report which may be prescribed);
- (d) Refrain from engaging in political activity, or any form of employment for profit or gain;
- (e) Return to my home country at the end of the course of study or training;
- (f) I also fully undertake that if I am granted a training award, it may be subsequently withdrawn if I fail to make adequate progress or for other sufficient cause determined by the host Government.
- (g) I confirm that I will not travel to India to attend the Course applied for in case I am pregnant - (for lady participants).

Date:

Place:

(SIGNATURE OF THE APPLICANT)

Name:

\* Details of the course are on the website of the Institute or can be obtained from them through e-mail.

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**Part - II**

**To be completed by the authorized official of the Nominating Government/ Employer**

I

on behalf of the Government of SOMALIA certify that:

(a) I have examined the educational, professional and other certificates quoted by the nominee in Part-I of this form and I am satisfied that they are authentic and relate to the nominee.

(b) I have gone through the medical certificates and X-ray reports produced by the nominee which state that he/she is medically fit and free from any infectious disease and Yellow Fever and that having regard to his/her physical and mental history there is no reason to indicate that the nominee is other than fit to undertake the journey to India and to undergo training in India.

(c) The nominee has adequate knowledge of spoken and written English to enable him/her to follow the course of training for which he/she is being nominated

(d) The nominee has not availed of ITEC training facilities earlier in India.

I nominate MR ABDIDEK MOHAMED DIRIE on behalf of the Government of SOMALIA as employer.

Name of Nominating Authority:

Designation:

Address:

Signature  
(With seal)

Date:

Place:

Name and Designation (in block letters)