

**WMO OMM**

World Meteorological Organization  
Organisation météorologique mondiale  
Organización Meteorológica Mundial  
Всемирная метеорологическая организация  
المنظمة العالمية للأرصاد الجوية  
世界气象组织

**Secrétariat**

7 bis, avenue de la Paix – Case postale 2300  
CH 1211 Genève 2 – Suisse  
Tél.: +41 (0) 22 730 81 11  
Fax: +41 (0) 22 730 81 81  
wmo@wmo.int – public.wmo.int

Ref.: 02301/2020-1.9 WDS/PWS

Our ref.: 02301/2020/S/DPS/PTC-IBF

11 February 2020

Annex: 1 (available in English only)

Subject: WMO/ESCAP Workshop on Impact Based Forecast and Warning Services (IBFWS) for the Panel on Tropical Cyclone Countries, Muscat, Oman, 29 March – 2 April 2020

Action required: To nominate participants

Dear Sir/Madam,

I am pleased to inform you that at the kind invitation of the Government of Oman, the World Meteorological Organization (WMO) through the Public Weather Services Delivery (PWSD) Programme and the United Nations Economic and Social Commission for Asia and Pacific are co-organizing a workshop on Impact Based Forecast and Warning Services (IBFWS) for the Panel on Tropical Cyclone Countries of the Bay of Bengal and Arabian Sea, to be held in Muscat, Oman from 29 March to 2 April 2020.

The main objective of the Workshop is to provide training on IBFWS for those countries and to encourage Members to implement IBFWS. Participants will take part in practical sessions, essential for the appreciation of IBFWS.

In this regard, I would like to invite you to nominate a participant from the National Meteorological Service. Please note that WMO encourages consideration of gender balance issues when nominating participants. It is hoped that your Government would consider covering the cost of the participant. However, upon request, WMO could consider providing financial support (travel with most direct and economical route and/or per diem) for the nominated participant from your Service. For your information, please kindly note that ESCAP will make separate arrangements to contact and sponsor participants from the Disaster Management Authority.

In order to clarify the WMO insurance coverage for non-staff members, please advise your nominee, before they undertake travel, as follows:

*"In the case of non-staff members of the Organization who are authorized to travel at its expense and/or who are receiving a daily subsistence allowance, the WMO accepts limited responsibility for compensation in the event of death, illness or injury attributable to attendance at meetings or the performance of services on behalf of the Organization. These persons therefore remain fully responsible for any expenses incurred as a result of events which are not attributable to attendance at meetings or performances of services on behalf of the Organization and for arranging such life, health and other forms of insurance as they consider appropriate".*

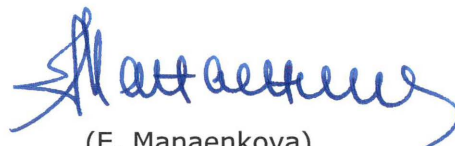
To: Permanent Representatives (or Directors of Meteorological or Hydrometeorological Services) of Bangladesh, India, Iran, Maldives, Myanmar, Pakistan, Qatar, Saudi Arabia, Sri Lanka, United Arab Emirates and Yemen (limited distribution)

cc: Permanent Representative of Oman with WMO

For administrative purposes, I should be grateful if you could notify the WMO Secretariat on or before **21 February 2020**, of the attendance of your nominated participants and whether financial assistance would be required. The Nomination Form for this purpose is attached herewith.

I would like to express my appreciation for your continued support in promoting the Programmes and activities of WMO.

Yours faithfully,



(E. Manaenkova)  
for the Secretary-General



## WMO/ESCAP WORKSHOP ON IMPACT BASED FORECAST AND WARNING SERVICES (IBFWS) FOR THE PANEL ON TROPICAL CYCLONE COUNTRIES

Muscat, Oman, 29 March 2020 to 2 April 2020

### NMHS FORECASTER NOMINATION FORM

**(use one form per participant)**

The Permanent Representative of \_\_\_\_\_ with WMO nominates the following candidate to participate on the above training workshop:

Mr/Mrs/Ms/Dr:	
Family name:	
First name(s):	
Date of birth:	
Present position and responsibilities:	
Work address:	
Work Tel:	
Work Fax:	
Email:	
Education/Qualification:	
Experience:	

Please indicate if financial assistance is required for:

Air Ticket : NO ☐ or YES ☐

Per Diem : NO ☐ or YES ☐

Date: \_\_\_\_\_ Name of Permanent Representative: \_\_\_\_\_

Signature of Permanent Representative: \_\_\_\_\_

Please complete and submit this registration form by e-mail to Ms Catherine Bezzola ([CBezzola@wmo.int](mailto:CBezzola@wmo.int)) with cc to Mr Samuel Muchemi ([SMuchemi@wmo.int](mailto:SMuchemi@wmo.int)) as soon as possible, but **not later than 21 February 2020**