GOVERNMENT OF INDIA MINISTRY OF EXTERNAL AFFAIRS

INDIAN TECHNICAL AND ECONOMIC COOPERATION (ITEC) AND SPECIAL COMMONWEALTH ASSISTANCE FOR AFRICA PROGRAMME (SCAAP) TECHNICAL COOPERATION SCHEME OF COLOMBO PLAN

(Application for the courses fully funded by the Ministry of External Affairs, Government of India)

Please read instructions carefully before applying

APPLICATION FORM

3 x 4 cm **PART-I** Nationality: Name of Course: Institute:____ Commencing: From ______DD/MM/YYYY ____ to ____ 1. Personal Particulars Name (s): Surname: Sex (tick one): MALE / FEMALE **Marital Status:** Date of Birth: Date - Month - Year _____Date & Place of issue :- ______Valid till :- _____ Passport No.: Office Address: Residence Tel Nos. Mobile/Cell: Fax: E-mail:

2013-14/revised 1

Special dietary needs, if any :

Person(s) to be notified in case of Emergency

		Official Contact					Personal / Family Contact
Nan	ne :						
Add	ress:						
Tel	Nos:						
Mot	oile /Cell :						
Fax	:						
E-m	nail:						
		: C: (-)					
Edi	ucational Qual	ification(s)					
	Degree / Dip	loma / Certificat	tes		Year		Name of Educational Institute
1							
2							
3							
5							
6							
	l						
Pro	fessional Qua	lification(s), i	f any:				
	Profess	sional Qualificat	ion(s)		Year		Name of Institute
1							
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2. [Details of Emp	loyment/Profe	ession (curre	ent & I	oreviou	ıs)	
	Name of F	Employer /					
	Department	: / Company	Position	1	Pe	eriod	Description of Work
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Are	you an emplo	yee of: (Mark	appropriate	box)			
a. (Government [b. Semi-government/Parastatal]	
c. I	Private company		d. Others (Please specify)				

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Details	of r	present	emp	over	t

Address: Sel. No. :	Name of the Course (s) and Institute Petails of Course(s) attended, if any, outside your country: Country Course Details & Duration Year Sponsor/Programme Please describe in your own words (about 100 words) - (a) qualification/experience related					
Have you ever attended a course sponsored by the Government of India? (Mark one) Yes If answer to 3 is yes, details of the Course (s): Name of the Course (s) and Institute Year etails of Course(s) attended, if any, outside your country: Country Course Details & Duration Year Sponsor/Programme Please describe in your own words (about 100 words) - (a) qualification/experience related.	Have you ever attended a course sponsored by the Government of India? (Mark one) Yes If answer to 3 is yes, details of the Course (s): Name of the Course (s) and Institute Year etails of Course(s) attended, if any, outside your country: Country Course Details & Duration Year Sponsor/Programme Please describe in your own words (about 100 words) - (a) qualification/experience related.					
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Please describe in your own words (about 100 words) - (a) qualification/experience relate e course applied for; & (b) reason (s) for applying for this training course.	Please describe in your own words (about 100 words) - (a) qualification/experience relate e course applied for; & (b) reason (s) for applying for this training course.					
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		. Please describe	e in your own words (about 100 w d for; & (b) reason (s) for applying	ords) - (a) q for this train	ualificatio	on/experience relate se.

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

	Good	Basic	Remarks
Spoken			
Written			
Mother tonguany:			/ Other language(s), if
English Lang by:	uage test a	dministered	
Name :			
Address :			
Telephone N	umber:		
Email:			
			Signature with date

MEDICAL REPORT

(To be certified by a doctor/hospital on the panel of the Indian Mission, UN Mission, if any or as designated by Indian Mission) ${\bf P}$

(i) Name of Applicant:	
(ii) Age:	
(iii) Sex: (Male / Female)	
(iv) Height (cm):	
(v) Weight (kg):	
(vi) Blood Group:	
(vii)Blood Pressure:	(Dealers of a good (a))
(viii) Blood Sugar:	(Peak post- prandial)
Is the person examined in good health at present?	
2. Is the person examined physically and menta to carry out intensive training away from home?	
3. Is the person free of infectious diseases (tuberculosis, trachoma, skin diseases etc.)?	
4. Has the person taken Yellow Fever inoculat case of people coming from Yellow Fever region laid out in WHO Regulations) ? Yellow Fever Certificate is mandatory.	n or as
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 chest X ray.	n the
I certify that the applicant is medically fit t	o undertake a training course in India.
Name of Doctor/Physician:	
Registration No.:	
Address of Clinic / Hospital:	
City / Town :	
Telephone :	
E mail:	
Date:	
Signature of Doctor/Physician:	Seal of Clinic/Hospital:

UNDERTAKING BY THE APPLICANT

	l,	· · · · · · · · · · · · · · · · · · ·
	(Name, Middle name, Family name) (country) ce form is true, complete and correct.	ertify that information provided by me in
I also	so certify that :-	
(i) I h	have read the course brochure and that I am aware of the cour	rse contents and living conditions in India.*
(ii) I I	I have sufficient knowledge of English to participate in the traini	ng programme.
(iii) I docto	I am medically fit to participate in the Course and have submittetor.	ed a medical certificate from the designated
(iv) I	I have not attended any programme previously sponsored by G	Sovernment of India.
(v) cour	I have not applied for or am not required urse/conference/meeting etc. during the period of the cours	to attend any other training se applied for.
If acc	ccepted for the ITEC / SCAAP training programme, I undertake	to:
(a)	 Comply with the instructions and abide by Rules, Regulation by both the nominating and sponsoring Governments in resp 	
(b)	 Follow the full and complete course of study/ training and ab University/Institution/ Establishment in which I undertake to s 	
(c)	 Submit periodic assessments / tests conducted by the Institution prescribed); 	ite (progress report which may be
(d)	d) Refrain from engaging in political activity, or any form of emp	ployment for profit or gain;
(e)	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 to make adequate progress or for other sufficient cause determined.	
(g)	g) I confirm that I will not travel to India to attend the Course ap lady participants).	plied for in case I am pregnant - (for
Date	e:	
Place	ce:	(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.

PART – II

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

I, Government of	on behalf of the
Government of	Certify triat.
(a) I have examined the educational, profess nominee in Part – I of this form and I am satisf nominee.	
(b) I have gone through the medical certificate which state that he/she is medically fit and free fit and that having regard to his/her physical and me the nominee is other than fit to undertake the journ	rom any infectious disease and Yellow Fever ntal history there is no reason to indicate that
(c) The nominee has adequate knowledge of to follow the course of training for which he/she is to	spoken and written English to enable him/her being nominated.
(d) The nominee has not availed of ITEC/SCAA	AP training facilities earlier in India.
I nominate Mr./Mrs./Miss	on behalf
of the Government of	as employer.
Name of Nominating Authority:	
Designation:	
Address:	
	Signature (With seal)
	(with seal)
	Name and Designation
Date :	(in block letters)
Place:	

IMPORTANT NOTICE

- Please read the form carefully. Tick the scheme under which you are applying.
- The application will be automatically rejected if any column is inaccurate, incomplete or blank.
- While filling the form, no abbreviations should be used. Write full name of degree, organization/institution, designation, etc.
- Undertaking by the candidate and the recommendations from employer are compulsory pre- requisites.
- Working knowledge of the English language is a pre-requisite. For English language and language-related courses, basic knowledge of English is required.
- Candidates are expected to be physically fit to undertake the training programme in India. It may kindly be noted that medical cover provided by Government of India is only for any medical emergency arising during the training programme. For regular medical problems, the candidates are required to pay for doctor's fee and medicines out of their living allowance.
- In case a candidate is under medication for some chronic ailment(s) like hypertension/diabetes, etc., and with the prescribed medication can undertake the training, the candidate must bring the prescribed medicines along with him/her for the whole duration of the course.
- Female candidates, if pregnant, are advised not to travel to India to attend the course applied for.
- Candidates must abide by the rules and regulations of the Institute.
- Candidates who leave the course midway for personal reasons without prior permission of the Ministry of External Affairs or remain absent from the programme without sufficient reasons are required to refund the cost of training and airfare to Government of India.
- Candidates interested to visit different parts of India for tourism purposes will require prior permission of the Ministry of External Affairs.