

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: _____ Institute : _____	Name of Course: _____ Commencing : From _____ to _____ <div style="text-align: center; font-size: small;">DD/MM/YYYY DD/MM/YYYY</div>
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1. Personal Particulars

Name (s) :		
Surname :		
Sex (tick one):	MALE / FEMALE	
Marital Status:		
Date of Birth:	_____ Date - Month - Year	
Passport No.:	_____ Date & Place of issue :- _____ Valid till :- _____	
Address:	Office	Residence
Tel Nos.		
Mobile/Cell :		
Fax :		
E-mail :		
Special dietary needs, if any :		

Person(s) to be notified in case of Emergency

	Official Contact	Personal / Family Contact
Name :		
Address:		
Tel Nos:		
Mobile /Cell :		
Fax:		
E-mail:		

Educational Qualification(s)

	Degree / Diploma / Certificates	Year	Name of Educational Institute
1			
2			
3			
4			
5			
6			

Professional Qualification(s), if any:

	Professional Qualification(s)	Year	Name of Institute
1			
2			
3			
4			
5			
6			

2. Details of Employment/Profession (current & previous)

	Name of Employer / Department / Company	Position	Period	Description of Work
1				
2				
3				
4				
5				
6				

Are you an employee of: (Mark appropriate box)

a. Government <input type="checkbox"/>	b. Semi-government/Parastatal <input type="checkbox"/>
c. Private company <input type="checkbox"/>	d. Others (Please specify)

Details of present employer :

Name :	
Address:	
Tel. No. :	
E-mail :	

3. Have you ever attended a course sponsored by the Government of India? (Mark one) **Yes** **No**

3.1 If answer to 3 is yes, details of the Course (s):

	Name of the Course (s) and Institute	Year
1		
2		
3		

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

Country	Course Details & Duration	Year	Sponsor/Programme

5. Please describe in your own words (about 100 words) - (a) qualification/experience related to the course applied for; & (b) reason (s) for applying for this training course.

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

	Good	Basic	Remarks
Spoken			
Written			
Mother tongue / Native language: _____ / Other language(s), if any: _____			
English Language test administered by:			
Name :			
Address :			
Telephone Number:			
Email :			
<p>----- Signature with date</p>			

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)

(i) Name of Applicant:		
(ii) Age:		
(iii) Sex: (Male / Female)		
(iv) Height (cm):		
(v) Weight (kg):		
(vi) Blood Group:		
(vii) 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, skin diseases 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) ? Yellow Fever Certificate is mandatory.	
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.	

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 : _____

E mail: _____

Date: _____

Signature of Doctor/Physician: _____ Seal of Clinic/Hospital: _____

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)

(i) Name of Applicant:		
(ii) Age:		
(iii) Sex: (Male / Female)		
(iv) Height (cm):		
(v) Weight (kg):		
(vi) Blood Group:		
(vii) Blood Pressure:		
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Name of Doctor/Physician: _____

Registration No.: _____

Address of Clinic / Hospital: _____

City / Town : _____

Telephone : _____

E mail: _____

Date: _____

Signature of Doctor/Physician: _____ Seal of Clinic/Hospital: _____

PART – II

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

I, _____ on behalf of the
Government of _____ 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/SCAAP 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)

Name and Designation
(in block letters)

Date :

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.