#### **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 to DD/MM/YYYY DD/MM/YYYY	
1. Personal Pa	articulars	DD/MM/YYYY DD/MM/YYYY	
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	Dooid	
	•	Residence	
el Nos.			
Mobile/Cell:	Christian Christ	Stop to the Fail Cited answer of	
ax:	tulinus -		
-mail :			

Person(s) to be notified in cas	se of Emergency
---------------------------------	-----------------

The second secon	Official Contact		Personal / Family Contact
Name :			
Address:			
		Company and a second	
			4
Tel Nos:			
Mobile /Cell :			
Fax:			
E-mail:			
Educational Qualification(s	)		
Degree / Diploma / Certi	ficates	Year	Name of Educational Institute
1	Commence and the commence of t		and American and a second a second and a second a second and a second a second and a second and a second and a second and
2			
3			3
<b>4</b> 5			
6	- Valley President (Versident)		
0			
Professional Qualif		9	Name of Institute
2. Details of Employment/P	rolession (current	& previous)	
Name of Employer /			
Name of Employer / Department / Company	Position	Period	Description of Work
Department / Company 1	Position	Period	Description of Work
Department / Company  1 2	Position	Period	Description of Work
Department / Company  1  2  3	Position	Period	Description of Work
Department / Company  Department / Company  Department / Company	Position	Period	Description of Work
Name of Employer / Department / Company  1 2 3 4 5	Position	Period	Description of Work
Department / Company  Department / Company  Are you an employee of: (M	lark appropriate bo	ox)	Description of Work
Department / Company  1 2 3 4		ox)	

Have you ever attended a course sponsored by the Government of India? (Mark one)  Have you ever attended a course sponsored by the Government of India? (Mark one)  Have you ever attended a course sponsored by the Government of India? (Mark one)  Yes No  No.  No.  Name of the Course (s) and Institute  Year  Details 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.	Name :				
Have you ever attended a course sponsored by the Government of India? (Mark one)  Have you ever attended a course sponsored by the Government of India? (Mark one)  Have you ever attended a course sponsored by the Government of India? (Mark one)  Have you ever attended a course sponsored by the Government of India? (Mark one)  Yes No	Address:				
A 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					
B. 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					
A 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  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.	Tel No :				
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					
Name of the Course (s) and Institute    Name of the Course (s) and Institute   Year					
Name of the Course (s) and Institute    Name of the Course (s) and Institute   Year	3. Have you ever atter	ided a course sponsored by the Gov	vernment o	f India? (Mark	one) Yes No
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 the course applied for; & (b) reason (s) for applying for this training course.					
Name of the Course (s) and Institute  Pear  Details of Course(s) attended, if any, outside your country:  Country  Course Details & Duration  Year  Sponsor/Programme  Details & Duration  Year  Sponsor/Programme  Pear  Programme  Programme  Pear  Programme  Programme  Pear  Programme  Pear  Programme  Pear  Programme	3.1 If answer to 3 is	yes, details of the Course (s):			
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 the course applied for; & (b) reason (s) for applying for this training course.					
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.	Name of the 0	Course (s) and Institute			Year
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.	1	V			
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.	2				
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 the course applied for; & (b) reason (s) for applying for this training course.					
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.					
Country Course Details & Duration Year Sponsor/Programme  5. Please describe in your own words (about 100 words) - (a) qualification/experience related the course applied for; & (b) reason (s) for applying for this training course.		The state of the s			
5. Please describe in your own words (about 100 words) - (a) qualification/experience related the course applied for; & (b) reason (s) for applying for this training course.	Details of Course(	s) attended, if any, outside yo	ur countr	y:	
5. Please describe in your own words (about 100 words) - (a) qualification/experience related the course applied for; & (b) reason (s) for applying for this training course.					
o the course applied for; & (b) reason (s) for applying for this training course.	Country	Course Details & Duration	Year	Sponsor/Pr	rogramme
o the course applied for; & (b) reason (s) for applying for this training course.					
o the course applied for; & (b) reason (s) for applying for this training course.				+	
o the course applied for; & (b) reason (s) for applying for this training course.					
o the course applied for; & (b) reason (s) for applying for this training course.					
o the course applied for; & (b) reason (s) for applying for this training course.					
o the course applied for; & (b) reason (s) for applying for this training course.					
o the course applied for; & (b) reason (s) for applying for this training course.					
o the course applied for; & (b) reason (s) for applying for this training course.					
o the course applied for; & (b) reason (s) for applying for this training course.				1	
o the course applied for; & (b) reason (s) for applying for this training course.	5. Please describe in	ı your own words (about 100 wo	rds) - (a) (	qualification/	experience relate
	o the course applied	for; & (b) reason (s) for applyin	g for this t	raining cour	se.
				MATERIAL STATE OF THE STATE OF	
*					

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

	Good	Basic	Remarks
Spoken			
Written			
Mother tong any:	gue / Native	language:	/ Other language(s), if
English Lan	guage test a	administered	
Name :			A street to a list sample set to extract
Address:			
Telephone	Number:	The state of the s	of the company of the property of the company of th
Email:			
			Signature with date
			o.g.rataro with dato

#### 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:	(2) 建油油等	
(viii) Blood Sugar:	(Pre-prandial)	( Peak post- prandial)
1. Is the person examat present?	ined in good health	
2. Is the person exam fit to carry out intensive	ined physically and mentally e training away from home?	
3. Is the person free of (tuberculosis, trachoma	nfectious diseases , skin diseases etc.)?	
as laid out in WHO Re  Certificate is mandate		e equate de la francia de la companya de la company
5. Does the person exact chronic ailment which is treatment/ medication	may require regular	Million you Hairby member at a treatment of a state of the
6. List of any observe the chest X ray.	d abnormalities indicated in	
I certify that the	applicant is medically fit to undert	ake a training course in India
Name of Doctor/Physician:		and a training course in India.
Registration No.:		
	l:	AND POST AND ADDRESS OF THE
Registration No.:Address of Clinic / Hospita	·	
Address of Clinic / Hospita		
Address of Clinic / Hospita City / Town :		
Address of Clinic / Hospita City / Town :	*	•

#### 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):		1
(v) Weight (kg):		318
(vi) Blood Group:		The second secon
(vii)Blood Pressure:		aged by at the contract of the
(viii) Blood Sugar:	(Pre-prandial)	( Peak post- prandial)
(IIII) 21334 Gugan		maga i bari bi wegi
1. Is the person examinat present?	ned in good health	करता व क्ष्मिक्ट संबद्ध कर अस्त अस्त है।
2. Is the person examir fit to carry out intensive	ned physically and mentally training away from home?	curyin badinese noewa od al S
3. Is the person free of in (tuberculosis, trachoma,		as eacgosta; to self notical and still a
case of people coming	Yellow Fever inoculation (in from Yellow Fever region or ulations) ? Yellow Fever ry.	I Exhibit he set coated and such a place and prunces and so seed an exect of prunces and so to see an exect of the seed and seed
<ol><li>Does the person example chronic ailment which metreatment/ medication d</li></ol>	nay require regular	
<b>6.</b> List of any observed the chest X ray.	abnormalities indicated in	Empade perdeak 199 ku 180 ê j
I certify that the a  Name of Doctor/Physician:  Registration No.:	pplicant is medically fit to under	take a training course in India.
Address of Clinic / Hospital	•	
City / Town :		
Telephone :	<i>b</i>	
E mail:		
Date:		
Signature of Doctor/Physici	an:Seal o	f Clinic/Hospital:

## PART - II

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

1	
Government of	on behalf of thecertify that:
	outling trial.
(a) I have examined the educational, profession nominee in Part – I of this form and I am satisfied nominee.	onal and other certificates quoted by the that they are authentic and relate to the
(b) I have gone through the medical certificates a which state that he/she is medically fit and free from and that having regard to his/her physical and menta the nominee is other than fit to undertake the journey	any infectious disease and Yellow Fevel
(c) The nominee has adequate knowledge of spot to follow the course of training for which he/she is bei	oken and written English to enable him/heing 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)
	Nomerand
Date :	Name and Designation (in block letters)
Place :	

被

#### 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.

处