

# APPLICATION FORM – International/Non-Indian Candidates

3 x 4 cms.  
Photograph

## PART - I

Nationality : \_\_\_\_\_ Name of Course : \_\_\_\_\_

Institute : \_\_\_\_\_ Commencing from : \_\_\_\_\_ to \_\_\_\_\_  
DD/MM/YYYY DD/MM/YYYY

### 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: \_\_\_\_\_

	Office	Home
Address:		
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:		

<b>Professional Qualification(s), if any:</b>			
Degree / Diploma / Certificates	Year of passing	Name of Educational Institute	
1.			
2.			
3.			
4.			
<b>Educational Qualification(s)</b>			
Qualification(s)	Year of passing	Name of Institute	
1.			
2.			
3.			
4.			
<b>Work Experience:</b>			
Designation	From	To	Description
<b>Details of present employer</b>			
Name / address: _____			
_____			
Tel. No. : _____			
E-mail : _____			
<b>3. Have you ever attended a course in India earlier</b>			<b>YES/NO</b>
If answer to 3 is yes, details of the Course along with name of the institute/organization			
_____			
_____			
<b>4. Details of Course(s) attended, if any, outside your country</b>			
Country	Course Details & Duration	Year	Sponsor/Programme

**5. Please describe in your own words:**

**(a) qualification/experience in the related course applied for;**

**6. Certification of English language proficiency**

	Good	Basic	Remarks
Spoken			
Written			

Mother tongue / Native language: \_\_\_\_\_ / Other language(s), if any: \_\_\_\_\_

Any other information which you like to mention:

\_\_\_\_\_

Signature with Date: \_\_\_\_\_

## MEDICAL REPORT for International participants

(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:	
1. Is the person examined in good health at present?	
2. Is the person examined physically and mentally fit to carry out intensive training programme away from his/her home?	
3. Is the person free of infectious diseases (HIV/AIDS, tuberculosis, trachoma, skin diseases etc), Yellow Fever certificate (in case of people coming from that region or as laid out in WHO regulations)? If not, please specify	
4. Does the person examined have any medical condition or defect which might require treatment during the course? Please specify details	
5. 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: \_\_\_\_\_

### **IMPORTANT NOTICE**

Please read the form carefully. The application will be automatically rejected if any column is found inaccurate/incomplete or blank.

Declaration by the candidate and the recommendations from employer, if any, are compulsory pre-requisites.

Working knowledge of the English language is a pre-requisite.

Candidates who leave the course midway for personal reasons without prior permission of the academy or remain absent from the programme without sufficient reasons, will be expelled from the course without any certificate.

Female candidates are hereby advised that they should not travel to India to attend the Course applied for in case they are in family way.

## UNDERTAKING BY THE APPLICANT

I, \_\_\_\_\_

(Name, Middle name, Family name)

of (country) \_\_\_\_\_ 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 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 or training and abide by the Rules of the Academy/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 / undesirable 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;

**For lady participants : I confirm that I will not travel to India to attend the Course I have applied for if I am in the family way.**

Date:

Place:

(SIGNATURE OF THE APPLICANT)

Name: \_\_\_\_\_

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

**To be completed by the authorized official of the host country government/employer  
(beneficiary for the candidate)**

**Nominating Government/Employer**

I, \_\_\_\_\_ on behalf of the Government of  
\_\_\_\_\_ certify that:

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.

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 such as HIV/AIDS 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.

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.

I nominate Mr./Mrs./Miss \_\_\_\_\_ on behalf of the Government of  
\_\_\_\_\_/as employer.

Name of Nominating Authority:

Designation:

Address:

Date:

Place:

Signature

(With seal)

Name and Designation

(in block letters)

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