

CENTRE FOR SPACE SCIENCE AND TECHNOLOGY EDUCATION IN ASIA AND THE PACIFIC

(AFFILIATED TO THE UNITED NATIONS)

APPLICATION FORM FOR 9TH POST GRADUATE COURSE IN SPACE AND ATMOSPHERIC SCIENCE (AUGUST 01, 2014 TO APRIL 30, 2015)

at

Physical Research Laboratory, Ahmedabad, India

(For office use only)	AFFIX RECENT PASSPORT SIZE	
Application No	PHOTOGRAPH	
Date Received		
Important: All the correspondence from CSSTEAP (issue of admission letter, e-tickets for travel, enquiries, etc) with th internet and sometimes on phone (Home/ Office), therefore kindly ensure that email-id, phone, fax, etc, a mentioned.	• •	
(Please type or use CAPITAL LETTERS)		
L. Name: (As mentioned in the passport) Dr./Mr./Ms./		
2. Father's Name : 3. Name of mother/husband/wife		
4. Date of Birth (DD/MM/YYYY) 5. Place of Birth		
5. Gender (Male/Female) 7. Nationality 7. Nationality		
3. Contact Information: Present official Address (Valid until date)		
Contact number (Please give complete Phone no. with country, city codes)		
Office (Tel) Office (Fax)		
Mobile: E-mail		

Important:

SAS-9

- a) Interested persons may detach last 4 pages from this brochure and use them as Application Form.
- b) It is essential that full passport details are mentioned in the Application Form. Application Forms without passport details may not be considered.
- Providing alternate email-id, phone would ensure timely communication with applicants, specially during urgency/ emergency.
- d) For faster communication with the applicants CSSTEAP Secretariat will be using your email-id for all purposes (e.g. admission letter, air tickets and logistic arrangements).
- e) Please send an advance copy of the application form duly signed by the nominating or sponsoring agency to the Course Director, SAS-9, Physical Research laboratory, Ahmedabad, India by fax (+91-79-2630 2275) or scanned copy via email (uncsc@prl.res.in and vats@prl.res.in) for quick processing. Original copy to be sent through Indian Embassy/High Commission of your country after duly signed by the nominating or sponsoring authority.

Contact number (Pleas	se give complete Phone no	o. with country, city	codes)			
Home (Tel)		Home (Fax)			
E-mail (alternate, prefe	erably Gmail or Yahoo)					
earest International airg	oort (Specify the place/city	·)				
ACADEMIC QUALIFICATION		,				
Degree/	Duration of Course	University/	Year of	Grade/	Major Subje	
(Bachelor/Master) Diploma	(mention from which year to year)	Institution	Passing	percentage	specialization	
*(Enclose copies of De	egree/Diploma/Certificates	s/marks/grades obt	ained etc. and thei	r certified transcripti	on in English)	
Major Subject in last e	xamination:	Area	of Specialization			
Medium of instruction	ı/language	TOE	- -L Score (Proficienc	ry in English)		
Reading Fair/Good/Very Good						
Writing Fair/Good/Very Good (Please tick the option)						
Spoken	Fair/Good/Very Good					
Enclose certified copi translations in English)	ies of marks/grades of c	degree, diploma, ∃	OEFL (validity per	riod), etc certificate	s and their certific	
ETAILS OF EXPERIENCE A	ND EMPLOYMENT					
Present Position		Present Res	ponsibilities*			
Organization and comp						
Date of joining this Orş	ganization (dd/mm/yyyy) eets giving details of your t	echnical activity du	ring last one year.,	if necessary		
(b) Experience durir	ng past 15 years:					
(b) Experience duri		/-\	Nature of work d	lone Durati	on	
Name of Organization	(s) Position(s)/ Post	(s) neia				
	(s) Position(s)/ Post	(s) neid			<u> </u>	
	(s) Position(s)/ Post	(s) neia				

13. ((a)Activities & Projects in which your present organization is engaged (mandatory) and nature of work done or will be done								
	(b) Main Scientific/Technical facilities available in your organization *(including approximate number and type of computers, type of software available etc.)								
14.		other course from CS							
15. F	How this Course will	help you in your wor	k/organization? Pleas	se describe below.					
	DETAILS OF PASSPO	ORT: Passport details	s are essential for so	election of candidate	es and send copy of	the passport wherever			
	Passport Number	Place of Issue (City and Country)	Date of issue	Passport valid up to	Issuing Authority	Whether previously visited India if so place and date o last visit			
17. P	Physical Fitness:								
а	Candidates are	advised to attach me ter head for HIV, yell	edical fitness certifica	te from a governmen	t hospital or governr	study program in India? ment recognized hospital ine, dental infection, for			
b	o) If yes, please sp	pecify nature of illness	5						
C	then he/she was sponsoring/nor	will be asked to reminating organization	turn to his/her cou or by the candidate.	untry and cost of t	ravel will have to	t is found medically unfit be paid either by the			
		e to meet the internat angement)	· ·			to those who will make			
19.	DECLARATION BY TI	HE CANDIDATE:							
		Announcement broch nade travel arrangeme				ntre. I have made / am of stay in India.			
	Date:		c:	anatura of the condid	ato				
	Place:		SI	Signature of the candidate					

20. SPONSORING / NOMINATING AGENCY CERTIFICATE Mr./Ms.....working in this organization is sponsored (partly or fully) by.....(Ministry/ Department).to attend the 9th Post Graduate Course in Space and Atmospheric Science, to be held at Physical Research Laboratory, Ahmedabad, India during August 1, 2014 - April 30, 2015. We envisage to utilize his/her experience in specific tasks of our organization/agency. The candidate will be allowed to carry out a Research Project for a period of one year after his/her return to this country and will be provided with all the facilities required for the same. (Mandatory: a) He/She will be / will not be provided international travel support. please tick b) He/She will be/will not be provided financial assistance for the period of stay in India. appropriate option) c) He/She possesses adequate knowledge of English Language required for the course Date:.... Signature: Name in Capital Letters: Place:.... Designation: Phone No: Fax No: E-mail: (Official seal of the sponsoring / nominating authority) Note: Application without official seal of sponsoring or nominating authority and their details will not be considered 21. FORWARDING NOTE BY THE RESPECTIVE INDIAN EMBASSY IN YOUR COUNTRY 9 months Post Graduate Course in Space and Atmospheric Science of CSSTEAP, to be held at Physical Research Laboratory, Ahmedabad, India, during August 1, 2014 to April 30, 2015. Date: Signature: Place: Name:

(Official Seal of the Embassy/High Commission of India)

N.B. Please send an advance copy of the application form duly signed by the sponsoring agency to the Course Director, Space and Atmospheric Science, Physical Research Laboratory by fax (+91-79-26302275) for quick processing. Original copy to be sent through Embassy/High Commission of respective country, at New Delhi duly signed by the aponsoring or nominating authority.

Designation: Phone No.: Fax No.: Email:

IMPORTANT

- The Application which is not complete in all respects is likely to be rejected.
- Smoking and consuming alcoholic drinks in class room and office is prohibited
- Candidates must attach copies of certificates of:
 - Medical fitness to attend the course <u>including Chest X-ray (PA)</u>, <u>Blood Test (including Random Blood Sugar, HIV, HBs, Ag, Urine complete</u> (in case any medical information requiring attention is hidden and if found during the course, the centre will be compelled to send the candidate back home.
 - 2. Highest degree obtained (Degree certificate and marks sheet/grade card)
 - 3. Proof of Proficiency in English needs to be provided
 - 4. All Degree Certificates, if not in English, may please be translated in English and attested by the Head of the organization or transcript in English can also be submitted