

**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: _____<br><br>InSTITUTE : _____ | Name of Course: _____<br><br>Commencing :<br>From _____ to _____<br><small style="display: block; text-align: center;">DD/MM/YYYY                      DD/MM/YYYY</small> |
|---|---|

**1. Personal Particulars**

|                                 |  |           |
|---------------------------------|--|-----------|
| Name (s) :                      |  |           |
| Surname :                       |  |           |
| Sex (tick one):                 | MALE / FEMALE  |           |
| Marital Status:                 |  |           |
| Date of Birth:                  | -----<br>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.

|  |
|--|
|  |
|--|

**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 :   |      |       |         |
| -----<br>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)

|                            |                                       |
|----------------------------|---------------------------------------|
| (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) ? <b>Yellow Fever Certificate is mandatory.</b> |  |
| 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.  |  |
| 7. Does the person require any special assistance to carry out his daily activities? If yes, please specify.   |  |

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: \_\_\_\_\_

## 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 ITEC / SCAAP 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/ training and abide by the Rules of the 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 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;
- (f) I also fully undertake that if I am granted a training award, it may be subsequently withdrawn if I fail to make adequate progress or for other sufficient cause determined by the host Government.
- (g) I confirm that I will not travel to India to attend the Course applied for in case I am pregnant - (for lady participants).

Date:

Place:

(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, \_\_\_\_\_ 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 requiring special assistance during their stay in India, must check with the Institute about the availability of such facilities prior to their departure for India.
- 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.