

New ITEC/SCAAP Form for the year 2008-09

GOVERNMENT OF INDIA  
MINISTRY OF EXTERNAL AFFAIRS  
INDIAN TECHNICAL AND ECONOMIC COOPERATION ( ITEC ) AND  
SPECIAL COMMONWEALTH ASSISTANCE FOR AFRICA PROGRAMME ( SCAAP )  
(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 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	Res.
Tel Nos.		
Mobile/Cell :		
Fax :		
E-mail :		

Special dietary needs, if any : _____
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**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		

**Professional Qualification(s), if any:**

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

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

Name of Employer / Department / Company	Position	Period	Description of Work

**Are you an employee of: (Mark appropriate box)**

- a. Government                       b. Semi-government/Parastatal
- c. Private company                       d. Self-employed                       e. Others

**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
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(i) If answer to 3 is yes, details of the Course \_\_\_\_\_

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 in the 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: \_\_\_\_\_ Tel. Number : \_\_\_\_\_

Name & Address : \_\_\_\_\_ E-mail : \_\_\_\_\_

\_\_\_\_\_ 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:

1. Is the person examined in good health at present ?	
2. Is the person examined physically and mentally able to carry out intensive training away from 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).	
4. Does the person examined has any medical condition or defect which might require treatment during the course ?	
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 \_\_\_\_\_

and 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 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. For English language and language related courses, basic knowledge of English is required.
- 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 expected to refund the cost of training and airfare to Government of India.
- Female candidates are hereby informed that they will not be allowed to join the Course if they are in family way before leaving for India.

## 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 or 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.

**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.

**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 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.
- (c) The nominee has adequate knowledge of spoken and written English to enable him 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:  
Date:  
Place:

Signature  
(With seal)

Name and Designation  
(in block letters)