INDIAN TECHNICAL AND ECONOMIC COOPERATION (ITEC) AND SPECIAL COMMONWEALTH ASSISTANCE FOR AFRICA PROGRAMME (SCAAP)
(Sponsored by the Ministry of External Affairs,Government of India)

APPLICATION FORM

Registration No. | | | | | | | | | | | | | | | | |

(for official use only by TC division)

Photograph

PART- I

Country : _____ 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

Nationality: _____

Passport No. : _____

Address:	Office	Home
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 :		

2. Professional Particulars			
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 Educational Institute	
1 2 3 4			
Employment Records:			
Name of Employer / Department / Company	Position	Year	Area / Nature of Work
1 2 3 4			

Are you an employee of: (Tick appropriate box)

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

Details of present employer

Name / address : _____

_____

Tel. No. : _____

E-mail : _____

3. Have you ever attended a course sponsored by the Government of India? (Tick one) **YES / NO**

4. If answer to 3 is yes, details of the courses _____

Details of course(s) attended, if any, outside your country

Country	Course Details	Year	Duration

5. Please write in your own words, reason(s) for attending the training course

6. Certification of English language proficiency (by recognized institute / authority

	Good	Basic	Remarks
Spoken			
Written			

Mother tongue / Native language : _____ **/** Other language(s), if any : _____

English Language test administered by : _____ Tel.Number : _____

Address : _____ E-mail : _____

_____ Date and signature : _____

_____

MEA / ITEC / SCAAP - Application

PART - I (a)

MEDICAL REPORT

(to be completed by an authorized physician)

(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 (AIDS, tuberculosis, trachoma, skin diseases etc),Yellow fever certificate (in case of people coming from that region or laid out in WTO regulations).	
4. Does the person examined have any medical condition or defect which might require treatment during the course ?	
5. List any abnormalities indicated in the chest X ray.	
6. Pregnancy Test (for women):	

I certify that the applicant is medically fit to undertake a training course in India.

Name of Physician : _____

Registration No. : _____

Address of Clinic / Hospital _____

and City / Town (printed) : _____

Telephone (printed) : _____

E mail : _____ Date : _____

Signature of Physician _____ Seal of Clinic / Hospital : _____

IMPORTANT NOTICE

- **Please read the form carefully. The application will be automatically rejected if any column is incomplete / blank.**
- **Declaration by the candidate and the recommendations from employer, if any, are compulsory pre-requisites.**
- **Working knowledge of the English language is also a pre-requisite except for English language and language related courses.**
- **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.**

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 have read the course brochure and that I am aware of the course contents and living conditions in India * .

I have not applied for any other training course during the above mentioned training period.

If accepted for the training programme, I undertake to:

(a) carry out such instructions and abide by such conditions as may be stipulated by both the nominating and sponsoring Governments, in respect to the training ;

(b) follow the full course of study or training and abide by the rules of the university or institutions or establishment in which I undertake to study or gain training ;

(c) submit to periodic assessment / tests conducted by the institute (progress report which may be prescribed) ;

(d) refrain from engaging in political activities, or from any form of employment for profit or gain ;

(e) return to my home country at the end of my 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.

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

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 examined the medical certificates and X-ray reports produced by the nominee which state that he is medically fit and free from any infectious disease such as AIDS and yellow fever and that having regard to his physical and mental history there is no reason to suppose that the nominee is other than fit to undertake the journey to India and to remain under training in that country.

(c) The nominee has sufficient 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 _____

Name of Nominating Authority:
Designation:
Address:
Date:
Place:

Signature
(With seal)
Name and Designation
(in block letters)

PART - III Restricted

For official use only

Verification by Mission

Name of the Country : _____

Name of the Nominee : _____

Designation : _____

Present Assignment : _____

Employer / Department : _____

Address : _____

Name of Institute : _____ Sl.No _____

Name of the Course : _____ Sl.No. _____

Dates and Duration : _____ to _____ _____
Weeks/Months/Yr

Certified that the nominee has been interviewed by HOM / India based dealing officer and found eligible to undertake the course. Also certified that the nominee has not availed of training facilities under ITEC/SCAAP earlier.

Remarks (if any):

Signature
Name & Designation of
Officer dealing with ITEC/SCAAP

Recommendation by HOM

I hereby recommend Mr. /Mrs. / Ms. _____
for the course under ITEC/SCAAP Programme

Signature of HOM / CDA
Seal / Stamp

DATE :
STATION :

It is the responsibility of the Indian Mission to ensure that :
(i) One copy of the form, duly completed in all respects, is forwarded to TC Division
(ii) The form should reach TC Division, Ministry of External Affairs **at least three months** before commencement of the course (applications received after the deadline will not be accepted).