

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

*Please affix  
Recent  
passport  
Photograph  
Here (4"x3")*

# APPLICATION FORM

**Registration No.**[illegible]

(for official use by TC Division)

## 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	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:	

Professional Particular		
Educational Qualification/(s)		
Degree / Diploma / Certificate	Year	Name of Educational Institute
1.		
2.		
3.		
4.		

Professional Qualification(s), if any:		
Professional Qualification	Year	Name of Educational Institute
1.		
2.		
3.		
4.		

Employment Records:			
Name of Employer / Department / Company	Position	Period	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

Person(s) to be notified in case of Emergency			
Official Contact	Course Details	Year	Duration

5. Please describe in your own words 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: \_\_\_\_\_

Address: \_\_\_\_\_ Tel. No.: \_\_\_\_\_

\_\_\_\_\_ E-mail: \_\_\_\_\_

\_\_\_\_\_ Date: and Signature: \_\_\_\_\_

**MEA / ITEC /SCAAP - APPLICATION**  
**PART – I (a)**  
**MEDICAL REPORT**

(To be certified by an authorized physician)

<b>(i) Name of Applicant:</b>
<b>(ii) Age:</b>
<b>(iii) Sex: (Male / Female)</b>
<b>(iv) Height (cm):</b>
<b>(v) Weight:</b>
<b>(vi) Blood Group:</b>
<b>(vii) Blood Pressure:</b>

<b>1. Is the person examined in good health at present?</b>	
<b>2. Is the person examined physically and mentally able to carry out intensive training away from home?</b>	
<b>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)</b>	
<b>4. Does the person examined has any medical condition or defect which might require treatment during the course?</b>	
<b>5. List of any observed abnormalities indicated in the chest X ray.</b>	
<b>6. Pregnancy Test (for women):</b>	

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 (printed) : \_\_\_\_\_

Telephone (printed): \_\_\_\_\_

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 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 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:

- carry out such instructions and abide by such conditions as may be stipulated by both the nominating and sponsoring Governments, in respect of the training;
- 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;
- submit periodic assessment / tests conducted by the Institute (progress report which may be prescribed);
- refrain from engaging in political activities, or from any form of employment for profit or gain;
- return to my home country at the end of my course of study or training;
- 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 any 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**

1. \_\_\_\_\_ 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 \_\_\_\_\_

Name of Nominating Authority:

Designation:

Address:

Date:

Place:

**Signature**  
**(With seal)**

**Name and Designation**  
(in block letters)

## PART – III

Restricted

**For Official Use Only**

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### Verification by Mission

Name of the Country: \_\_\_\_\_

Name of the Nominee: \_\_\_\_\_

Designation: - \_\_\_\_\_

Present Assignment: \_\_\_\_\_

Employer / Department: \_\_\_\_\_

Address: \_\_\_\_\_

Name of Institute: \_\_\_\_\_

Name of the Course: \_\_\_\_\_

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. And 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).