

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): <input type="checkbox"/> MALE / <input type="checkbox"/> FEMALE		
Marital Status: _____		
Date of Birth: _____ <small style="text-align: center;">Date - Month - Year</small>		
Passport No.:- _____	Date & Place of issue :- _____	Valid till :- _____
Address: _____	Office _____	Res. _____
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			

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)

PANEL HOSPITALS

- | | | |
|--|---|---|
| 1. Samitivej Hospital
Soi 49, Sukhumvit Road, Bangkok | 02-392- 0011-19 | 02-391-1290 |
| 2. Bumrungrad Hospital
33, Soi 3, Sukhumvit Road, Bangkok | 02-667-1432
02-667-1000 | 02-667-2028
02-667-2235
02-225-6624 |
| 3. Bangkok Mission (Adventist) Hospital
430, Pitsanuloke Road, Dusit, Bangkok | 02-282-1100 | 02-280-0441 |
| 4. Chulalongkorn Hospital
1873, Rama-IV, Pathumwan, Bangkok | 02-252-8181-9
02-652-4600 | |
| 5. Siriraj Hospital
2, Prannok Road
Bangkoknoi
Bangkok - 10700 | 02-411-1429
02-411-3253 | 02-412-1371 |
| 6. Dental Hospital
83/88, Sukhumvit Soi 49 | 02-260-5000 - 15 | 02-260- 5026 |
| 7. Arthit Clinic - Dr. Kukreja
Sukhumvit Soi 10 <i>Mobile No.</i> | 02-252-8209
081-519-4604 | 02-252-2191 |
| 8. Dr. Kanwar Singh <i>Mobile No</i>
Bangkok Hospital
2, Soi Soonvijai 7,
New Petchburi Road
International Medical Services (IMS) | 01-805 4840
02-310-3256
02-310-3000 | 02-310-3335 |
| 9. Asian institute of Technology
Km. 42 Paholyothin Highway, Klong Luang,
Pathumthani 12120 | 02-524-5002 | 02-524-5003 |
| 10. Sanamchan Hospital
1194 Petchkasem Road, Sanamchan,
Amplur Muang, Nakornpathom, 73000 | 034-219-600 | 034-217-817 |