



**Ministry of External Affairs**  
Government of India

**GOVERNMENT OF INDIA**  
**MINISTRY OF EXTERNAL AFFAIRS**

(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**

Photograph

Nationality : _____ Name of Course : _____		
Organization : _____ Commencing from : _____ to _____ DD/MM/YYYY DD/MM/YYYY		
<b>1. Personal Particulars</b>		
Name(s): _____		
Surname: _____		
Sex (tick one): MALE / FEMALE		
Marital Status: _____		
Date of Birth: _____ Date - Month – Year		
Passport No.: _____ Date & Place of Issue: _____ Valid Till: _____		
	Office	Home
Address:		

Tel Nos.			
Mobile/Cell:			
Fax:			
E-mail:			
Special dietary needs, if any: _____			
<b>Person(s) to be notified in case of Emergency</b>			
	Official Contact	Personal / Family Contact	
Name:			
Address:			
Tel Nos.			
Mobile/Cell:			
Fax:			
E-mail:			
<b>Educational Qualification(s)</b>			
Degree / Diploma / Certificates	Year	Name of Educational Institute	
1.			
2.			
3.			
4.			
<b>Professional Qualification(s), if any:</b>			
Professional Qualification(s)	Year	Name of Institute	
1.			
2.			
3.			
4.			
<b>2. Details of Employment/ Profession (current &amp; previous)</b>			
Name of Employer / Department / Company	Position	Period	Description of work
1.			
2.			
3.			
4.			
<b>Are you an employee of: (Mark appropriate box)</b>			
a. Government <input type="checkbox"/> b. Semi-government <input type="checkbox"/> c. Others <input type="checkbox"/>			
<b>Details of present employer</b>			
Name _____ / _____		address: _____	
Tel. No. : _____			
E-mail : _____			
<b>3. Have you ever attended a course sponsored by the Government of India? (Mark one) YES/NO</b>			
If answer to 3 is yes, details of the Course _____			
_____			



## 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:

(i) Name of Applicant:	
1. Is the person examined in good health at present?	
2. Is the person examined physically and mentally 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 have 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 \_\_\_\_\_

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 Home 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) 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 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:

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.

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.

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.

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)

-----  
-----