



**Please affix  
a passport size  
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**TCS-Colombo Plan Training Programmes with ITEC, India, 2017-18****APPLICATION FORM** (typewriting or block letters)

<b>TITLE OF COURSE:</b>	<b>Course Duration:</b>
<b>NAME OF TRAINING INSTITUTION:</b>	

**1. PERSONAL DATA**

Family name (surname)	Date of birth Day   Month   Year
First Name	Nationality (citizenship):
Other names	Gender: Male/Female #
City and country of birth	Marital status Single/Married/Divorced/Widowed #
Passport No:	Religion:

#Delete accordingly

**2. COMMUNICATION AND MAILING ADDRESS**

Applicant's Office Address:			Applicant's Postal/ Home Address:		
			Home telephone		
			Country	Area	Number
Office telephone		Telefax	Email		
Country	Area	Number	Country	Area	Number
Mobile					
Person to be contacted in case of emergency, name, telephone and address					

**3. EDUCATION** (list in order of time, starting with last institution attended)

Name of institution and place of study	Major field of study	Years of study: from    -    to	Degree

(Please attach copies of the certificates)

**4. EMPLOYMENT RECORD**

<b>A. Present or most recent post</b>	<b>B. Previous positions held</b>
Employer:	Employer:
Years of service (from - to):	Years of service (from - to)
Title of your post/position:	Title of your post/position:
Present salary per month (US Dollars):	Salary per month (US Dollars):
Name of supervisor and title:	Name of supervisor and title:
Type of organization: Government /Semi Government/ Private/ NGO #	Type of Organization Government/ Semi Government/ Private/ NGO #
Main functions of organization:	Main functions of organization:
Total number of employees:	Total number of employees:

# Delete accordingly

**Description of your work including your responsibility:**

*Please continue on supplementary pages if necessary*

**5. REASONS FOR APPLYING THIS COURSE**

Please state briefly the reasons for applying to this course and how you hope to benefit from the programme.

*Please continue on supplementary pages if necessary*

Have you participated in any ITEC training programmes in the last three years in India? : YES/ NO #

Name of course

Name of Training Institute

Year

# Delete accordingly

**6. CERTIFICATION OF ENGLISH LANGUAGE PROFICIENCY**

	Excellent	Good	Fair	Basic	Remarks
<b>Listening</b>					
<b>Speaking</b>					
<b>Writing</b>					
<b>Reading</b>					

Mother tongue: \_\_\_\_\_

Language test administered by : \_\_\_\_\_

Title : \_\_\_\_\_

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

Tel. Number : \_\_\_\_\_

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

Date and signature : \_\_\_\_\_

**7. MEDICAL REPORT (to be completed by an authorized physician, All the fields must be filled)**

<b>Name of Applicant:</b>			
<b>Age:</b>	<b>Sex:</b>	<b>Height:</b> <b>cm</b>	<b>Weight</b> <b>Kg</b>
<b>Blood Group:</b> <input type="checkbox"/> <b>A</b> <input type="checkbox"/> <b>B</b> <input type="checkbox"/> <b>AB</b> <input type="checkbox"/> <b>O</b>			
<b>Blood Pressure:</b>			
<b>Is the person examined at present\ in good health?</b>		<b>Is the person examined physically and mentally able to carry out intensive training away from home?</b>	
<b>Pre-prandial Blood Sugar</b>		<b>Post-prandial Blood Sugar</b>	
<b>Is the person free of infectious diseases (Tuberculosis, Trachoma, Yellow Fever, Hepatitis A, B and skin diseases etc.)?</b>		<b>Does the person examined have any condition or defect (including teeth) which might require treatment during the course?</b>	
<b>List any abnormalities indicated in the chest X ray.</b>		<b>Pregnancy Test (for women):</b>	
<b>I certify that the applicant is medically fit to undertake this course.</b>			
<b>Name and the registration : _____ No. of the Physician</b>			
<b>Address of Clinic : _____ (printed)</b>			
<b>Telephone : _____ (printed)</b>			
<b>E mail : _____                      <b>Date:</b> _____</b>			
<b>Signature of Physician : _____                      <b>Seal of Clinic:</b> _____</b>			

8. **FOOD PREFERENCES IF ANY:.....**

9. **DECLARATION**

<b>Have you ever been convicted by a Court of Law of any country?</b>	<b>Yes/ No #</b>
<b>If yes, please give brief details:</b>	
I certify that my statements in answer to the foregoing questions are true, complete and correct to the best of my knowledge and belief.	
If accepted for a training award, I undertake to:-	
<ul style="list-style-type: none"> <li>(a) Carry out such instructions and abide by such conditions as may be stipulated by both the nominating government and the host government in respect of this course of training;</li> <li>(b) Follow the course of study or training, and abide by the rules of the institution in which I undertake to study or train;</li> <li>(c) Refrain from engaging in political activities, or any form of employment for profit or gain;</li> <li>(d) Submit any progress reports which may be prescribed; and</li> <li>(e) Return to my home country promptly upon the completion of my course of study or training.</li> </ul>	
I also fully understand that if I am granted an award it may be subsequently withdrawn if I fail to make adequate progress or for other sufficient cause determined by the host Government.	
<b>Signature of applicant: .....</b>	
<b>Name: .....</b>	<b>Date:.....</b>

# Delete accordingly

10. **OFFICIAL DECLARATION (to be completed by the nominating government. All the fields must be filled)**

The Government of: .....	
nominates .....	
(name of applicant)	
For the course under the Colombo Plan Joint Programme with India and certifies that:	
<ul style="list-style-type: none"> <li>(a) all information supplied by the nominee is complete and correct;</li> <li>(b) the nominee had adequate knowledge and was appropriately tested for English Language proficiency.</li> </ul>	
Remarks: .....	
_____	_____
(Name)	(Signature of responsible Government Official)
	Address of Department/ Ministry: _____
_____	_____
(Designation)	_____
Official Seal/ Stamp: _____	Office Telephone number: _____
	Office Fax number: _____
	<b>E mail:</b> _____
<b>Date:</b> _____	

**Please note:** This application form must be duly completed **and endorsed by the Ministry of Foreign Affairs or the relevant agency responsible for the CPS programme in your country.** Application should be submitted to Colombo Plan Secretariat through the respective National Focal Point **ONLY**. **INCOMPLETE AND/ OR UNENDORSED FORMS WOULD NOT BE PROCESSED.**