APPLICATION FORM

Space for recent passport size photograph

1.	Full name (IN BLOCK LETTERS) (Mr. / Mrs. / Miss)
2.	Male () Female ()
3.	Contact details:-
i.	Tel:
ii.	Fax:
iii.	Email:
iv.	Postal address:
4.	Permanent home address (IN BLOCK LETTERS)
5.	Date of birth Nationality
6.	Country of residence
7.	Passport No
i.	Date of issue ii. Date of expiry
iii.	Place of issue
8.	Details of Father / Guardian Name:
	Relation (F/G):
	Occupation:
	Nationality:
	Address of permanent: residence of Father / Guardian

	Knowledge of proficiency Written Spoken Specify level of exami	Good (Good ()	Fair (Fair ()) obtained	Poor (Poor ()
	,		sed iti Chglian am	a grades	Obtained.		
10.	Knowledge of any other l	anguage _	-		,		
	Written	Good ()	Fair (Fair ()	Poor (Poor ()
	Spoken Understand	Good (Good (,	Fair (Poor (ý
(a)	.Give details, if any Proficiency acquired in g Part taken in other extra-	ames, spoi curricular (rts & athletics; and or social activities	i			
12	2. Order of preference for 1.	the Univer	sities / Institutes ir	n India w	herein you wish to	seek adn	nission:
	2.						
	3.						
	NB:- In case none of throf my choice, I agree I other cities of India.	ee univers do not ag	ities of my choice ree if ICCR forwa	s agree ards my	to give me admiss applications to ot	sion to the her univer	course sities in
	NOTE: Please refer to "Urivour country or go to Univothat ICCR provides scholatthe UGC.	ersity Gran	ts Commission (UC	3C) webs	site at http://www.ug	c.ac.in Ple	așe note
	There is no guarantee of a a particular course in a p confirm admission, the Co courses are available so the	particular In	stitution, or in cas prward the applicat	e none of	of three universities ner Universities/Insti	of studer tutions wh	t choice ere such
	The Council would try to a while the candidate may accepted, no change in eit	decide who	ether or not to acc	cept such	n an offer, it may t	/institute. I be noted t	lowever, nat once
13	3. Order of preference of the 1.	ne courses	which you wish to	study ii	n India.		
	2.						
	3.						
	NOTE: Candidate shows the wishes to pursue course. Candidate shows the Universities listed Universities/Institute choice.	in India. ould ensu	Scholarships at re that the course	re not a ses liste	valiable to pursu ed here are offere candidates mu	ed by all ed refer	three of to the

14. PREVIOUS EDUCATIONAL QUALIFICATIONS (Fill in all columns which are applicable to you):

Certificate	Degree	Country	Name of School/ University / Board		Year of Graduation	Percentage
School Leavii (equivalent to India)	ng Grade XII in		·			
Undergradua (equivalent to after grade XII	three years course					
the abor- undergradu	e lasters' course after ve mentioned ate or five years' rse after grade XII)					
DOCTORAL (After Maste	(Ph.D) ers' Degree)					Accepted OR Not yet accepted
Note: Detail in past may	Note: Details of any course in Indian Universities / Institutes which the scholar is currently attending or has attended in past may be given below.					
Year	Na	me of University /	Institute	Course	•	
i						

15.	Give below the names of two persons who have agreed to testify from their personal knowledge character (they must not be related to you and should have direct knowledge of your academic pand attach recommendation letters / character certificates signed by them).	to your oursuits
(a)	Name Status/ Designation Address E-mail	
(b)	Name Status/ Designation Address E-mail	
16.	Details of close relative (s) or friends, if any, in India.	
I. II. III. IV. V.	Name Relationship Status/ Designation Address Tel No. E-mail	
	Have you travelled or lived in India in the past. If so, mention places visited and dates of such visits Have you ever availed of ICCR Scholarship earlier? If so, please give full details.	i .
(ii) (iii)	Year of Scholarship Name of Course Name of the Institute / University Total duration of stay in India on scholarship	
19.	Any general remarks which you would like to offer (if the space is not sufficient, attach a separat and sign the same).	e sheet
	Date	
	Place Signature of A _l	pplicant
	I hereby declare that the particulars given above are true to the best of my knowledge and belie have understood the terms and conditions of the Scholarship Scheme as given above and in Anr if and III and hereby undertake to abide by them, and that I also undertake to return to my count completion of my studies in India.	nexures

Signature of Applicant

Annexure-I

CERTIFICATE OF PHYSICAL FITNESS

(To be filled by a Registered Medical practitioner in the applicant's country of domicile)

Name of Applica	nt	
Sex M/F		
Marital Status		
Age	·	Blood Group
Nationality	-t	
Address		
(City)		######################################
(Country)		
Telephone No.		
Email Address	-	
impact the	patient's health at the	details of any past medical condition which may adversely e current time or in the near future).
	Known Illness / Surg	gery:-
Raised BP -	Yes No	If, yes – on Regular treatment - Yes No
DM -	Yes No	If, yes – on Regular treatment - Yes No
IHD -	Yes No	If, yes – on Regular treatment - Yes No
Stroke -	Yes No	If, yes – on Regular treatment - Yes No
Kidney Disease	:	
Chronic Renal	Failure – Yes No	If, yes – on Regular treatment - Yes No
Any history of	Surgery / prolonged l	hospitalization (more than 2 weeks)
Yes/	No; if yes, details of illn	ess / injury / surgery with duration of illness/ treatment

	Any history of loss of a		Yes	No	
1	Any history of loss of \	Neight -	Yes	No 🔲	
1	Any history of digestive	e diseases -	Yes	No 🔛	
F	Family History of :	DM	нт 🗀	Obesity	
P	Any known Allergy:-	If so, is the p	atient on any m	edication / precautions?	
II.	Physical Exami	nation			
Med	lical condition of:-				
Heig	jht	Weight _		Chest	
Hea	d	Nose		Lungs	·
Eyes	3	Pharynx		Heart	
Ears		Neck		Reflexes	
111.	Medical Examina X-Ray and any ot	ation:- Routine	Blood, (inclu	ding Fasting & P.P), Urine	Test and Chest
	disease).	ner test as dee	med fit by the	Medical Practitioner (to rule	out any chronic
IV.	disease). Summary	ner test as dee	med tit by the	Medical Practitioner (to rule	out any chronic
IV. 1.	disease). Summary	ant IS / IS NOT	physically able	Medical Practitioner (to rule	out any chronic
	disease). Summary I believe this applic hours of work, in a	ant IS / IS NOT college or univer	physically able sity in India.		out any chronic
1.	disease). Summary I believe this applic hours of work, in a	ant IS / IS NOT college or univer	physically able sity in India.	to carry on a full course of stu	out any chronic
1.	disease). Summary I believe this applic hours of work, in a lin my opinion the a	ant IS / IS NOT college or univer	physically able sity in India.	to carry on a full course of stu	out any chronic

3.	DPT, Varicella, Hepatitis A & B etc.	nations including, among others, MMR,
4.	He / She has no physical condition / aliment which would is study in India.	hinder him from pursuing a full course of
5.	He / She present no evidence of any communicable disease	
6.	He / She does not have any chronic medical condition medical treatment.	which requires regular and sustained
	E: If answers to 4, 5 and 6 above are positive, please give de	etails in Remarks column below.
	Date	Signature

IMPORTANT:

As a protective measure, those planning to study in India are strongly advised to get vaccinated against typhoid / cholera before coming to India.

INDIAN COUNCIL FOR CULTURAL RELATIONS AZAD BHAVAN, I.P. ESTATE, NEW DELHI-110002 International Scholarship Division

JOINING REPORT OF THE SCHOLAR

To be filled in by student

1.	Name of scholar					
		1	**************	***************************************	•••••••	
2.	Name of Scholarship scheme	:	************		***********	
3.	Country of domicile	:	***************************************	***************	*************	
4.	Course of study in which admitted	:	••••••			
5.	Date of departure from country of domicile		••••••			
6.	Date of arrival in India					
7.	Passport number with place of issue, date	• •••••	************	***************	************	
	of issue and date of expiry	:	*************			
8.	Name of the Institute/ College and	:	*************	**************	*************	
	University	÷				
9.	Date of joining the Institute/University	:	• • • • • • • • • • • • • • • • • • • •	*************	••••••	
10.	Contact details in India:- a) Name and Address of Hostel b) If hostel accommodation not Provided/ Available, address of private accommodation		•••••••••••••••••••••••••••••••••••••••			
	c) Tel (Landline)	ī	**************		**********	
	d) Tel (Mobile)	:	****************			
	e) Email		************			
To	be filled by Registrar/ Dean/ISA					
11.	Duration of Course		Date	Month	Year	
		From:	*******	*********	******	
		To:	******	*********	*********	
12.	a) Declaration of Result	:		Month	***********	
	b) Issuance of Provisional Certificate	†		Month	••••••	
13.	Roll No./Reg. No./L.C. No.	:	*************	***************	*****	

: 2 :

To be filled by Registrar/ Dean/ISA

4.	I,	Compulsory Fees	:	I YR.	II YR,	III YR.	IV YR.	V YR.
		Tuition fee						
		Admission fee					***********	
		Eligibility fee (if applicable)						
		Enrolment fee/Registration Fee					********	
		Laboratory fee	:				*********	
		College Exam. fee	:				**	
		University Exam fee	:					
)	II.	Other Compulsory Fees - (As per Univ	: ver:					
		Marks sheet fee						
		Identity Card fee					********	
		Library reading room fee					-	
		Association fee						
1	II.	Hostel Rent	;	*********	*********	*********		
		Room rent						
		Water charges						
		electricity charges					~~~~~~	
Y	٧. ì	Refundable Charges by Colleges (To be 1				****		~~~~
		fedical Fee						
	V	isual Fee					*********	
	P	oor Student Aid Fee	: •	100 M M 10 M 10 M 10		*********	***********	
	N	ame of any other fee which is compulsory					********	
			: •	***********	*********		*********	**********
	V.	Non-Refundable charges- Paid by schola	ars					
		Mess charges	•	979				
		Gymkhana Fee						

. :

Any other charges not covered above & details thereof	<u>.</u>
Signature of Head of the Institute	:
Name in Block Letter	:
Designation (Duly stamped)	ŧ

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Note: - In case of non-availability of hostel / Room, a certificate to this effect must be submitted to ICCR stating "This is to certify that due to non-availability of hostel/room, he/she can hire private accommodation.

Please ensure that the form is duly stamped and signed by concerned authorities of the Institution/University where the scholar joins.

For students in Delhi, Aligarh, Hissar, Roorkee the joining report may be sent, to ISD-II/Afghan Section, ICCR, New Delhi.

<u>Important:</u> Students may kindly note that in any future correspondence with ICCR, the name of his/ her <u>File Number</u>, Domicile Country, Scholarship Scheme and Year of joining must be mentioned.