

PARTICULARS OF ITEC/SCAAP NOMINEE
(For use of Ministry of External Affairs)
(TC Division only)

This portion will be detached from the main ITEC/SCAAP form and kept in the TC Division for record.
(To be filled in by the Officer responsible for the ITEC/SCAAP work in the High Commission/Embassy of India)

1. Name & Designation :
2. Name of Employer & Parent Department :
3. Permanent Address :
4. Name of Course and Training Institute in India :
5. Duration :

Note :

- Indian Mission must satisfy itself before forwarding the nomination form that :
- (i) The nominee has not availed of training facilities under ITEC/SCAAP earlier;
 - (ii) Two copies of the form, duly completed in all respects are forwarded;
 - (iii) The forms should reach the TC Division, Ministry of External Affairs at least two months before commencement of the course.

DATE

STATION

SIGNATURE

NAME

DESIGNATION

(TO BE SIGNED BY HOM OR CDA)

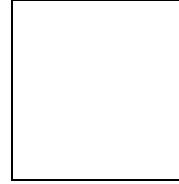
(To be filled in by Officer responsible for the ITEC/SCAAP work in TC Division)

A. Sanction No./Date :

B. Remarks/Observations :

DEALING OFFICER

**Government of India
Ministry of External Affairs
(TC Division)
ITEC/SCAAP TRAINING FORM**



Name of the Sponsoring Country : _____

Name of the Course : _____

Commencing from : _____ to _____

Name of the Institute : _____

PART – I

(To be completed by the nominee)

1. Personal Particulars of the nominee

a. Name : _____

b. Surname, if any : _____

c. Male/female : _____

d. Marital status : _____

e. Date of birth : _____

f. Nationality : _____

g. Address/Tel. No. : _____

h. Name and address of person to be notified in case of emergency: _____

_____ Tel. No. _____

i. Food habits
(Vegetarian/non-vegetarian): _____

2. Educational Qualification

Particulars of Deg/Dip/Certificates	Year of passing	Name of Educational Institute	Location

3. Give Details of any other professional qualification, which you possess:

Particulars of Professional Qualification	Year of passing	Name of Educational Institute	Location

4. Employment Records:

Particulars of Position held	Year	Nature of Work

5. Are you an employee of government/quasi-government/?

Private company or are you self-employed? _____

6. Name and address of your present employer:

7. Details of courses attended, if any, outside your country to upgrade your technical/professional skills: (Name of the country Name of courses and its duration Year)

8. State briefly in 100 to 150 words, the reasons, both personal and professional, for your interest in receiving the training.

DECLARATION

I _____

(USE BLOCK LETTERS SURNAME LAST)

of (country) _____ certify that statement made by me in PART - I of this form is true, complete and correct to the best of my belief.

If accepted for training award, I undertake to :

(a) carry out such instructions and abide by such conditions as may be stipulated by both the nominating and donor Government, in respect of training;

(b) to follow the course of study or training and abide by the rules of the university or other institutions or establishment in which I undertake to study or gain training;

(c) submit progress report which may be prescribed;

(d) to refrain from engaging in political activities, or from any form of employment for profit or gain;

(e) return to my home country at the end of my course of study or training.

I also fully understand 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.

Date :

Place :

(SIGNATURE OF THE NOMINEE)

PART - II

**To be completed by the authorized official of the
Nominating Government**

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 examined the medical certificates and X-ray reports produced by the nominee which state that he is medically fit and free from any infectious disease such as AIDS and yellow fever and that having regard to his physical and mental history there is no reason to suppose that the nominee is other than fit to undertake the journey to India and to remain under training in that country.
- (c) The nominee has sufficient knowledge of spoken and written English to enable him to follow the course of training for which he 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 _____

Dated:

Signature:

Place:

Designation:
(With seal)
