

Technical Cooperation by the Government of Japan

Training Award of Japan International Cooperation Agency

Application by the Government of :

INDIA

for a training course in the field of :

--

--

PART A to be completed by the nominee.

1. FULL NAME(as in passport, underline Family Name)				
2. ADDRESS FOR CORRESPONDENCE :	4. DATE OF BIRTH			5. AGE
	Month	Date	Year	
Telephone :				
3. NAME AND ADDRESS OF PERSON TO BE NOTIFIED IN CASE OF EMERGENCY	6 SEX <input type="checkbox"/> MALE <input type="checkbox"/> FEMALE			
	7 MARTIAL STATUS <input type="checkbox"/> SINGLE <input type="checkbox"/> MARRIED			
	8 NATIONALITY : INDIAN			
	9 RELIGION :			
Relationship to you :				
Telephone:				

10. EDUCATIONAL RECORD

Institution	City	Years Attended		Qualification Obtained	Subject
		From	To		

11. TRAINING OR STUDY IN FOREIGN COUNTRIES (in relation to professional interests)

Institution	City	Period		Certificate/ Degree Awarded	Field of Study
		From	To		

12. EMPLOYMENT RECORD**1) Present Place of Employment**

Name : Address : Telephone : Fax :	Title of Present Job:
	Date of Taking Up Post :
	Type of Organisation: <input type="checkbox"/> Government/ Public <input type="checkbox"/> Private <input type="checkbox"/> International <input type="checkbox"/> Others

2) Previous Job

Name and Address of Organisation:	Description of Your Previous Job
Previous Title/ Post and Dates(from/to)	

3) Describe briefly the work of your organisation and service it provides

.

4) Describe your own job.**5) Explain how the proposed training will be of benefit to you in the work you will be doing on your return.**

13. LANGUAGE PRFICIENCY

1. English

Listening	<input type="checkbox"/>	excellent	<input type="checkbox"/>	Good	<input type="checkbox"/>	fair	<input type="checkbox"/>	poor
Speaking	<input type="checkbox"/>	excellent	<input type="checkbox"/>	good	<input type="checkbox"/>	fair	<input type="checkbox"/>	poor
Writing/Reading	<input type="checkbox"/>	excellent	<input type="checkbox"/>	good	<input type="checkbox"/>	fair	<input type="checkbox"/>	poor

2. Mother Tongue.....

3. Other Language.....

<input type="checkbox"/>	excellent	<input type="checkbox"/>	good	<input type="checkbox"/>	fair	<input type="checkbox"/>	poor
--------------------------	-----------	--------------------------	------	--------------------------	------	--------------------------	------

14. NOMINEES DECLARATION To be signed by the nominee.

I certify that the statements made by me in this form are true and correct to the best of my knowledge.

If accepted for a training award, I agree :

- (a) not to bring any member of my family.
- (b) to carry out such instructions and abide by such conditions as may be stipulated by both the nominating Government and Japanese Government in respect of this course of training.
- (c) to follow the course of study or training, and abide by the rules of the institution or establishments with which I undertake to study or train.
- (d) To refrain from engaging in political activities, or any form of employment for profit or gain.
- (e) To submit any progress report or evaluation questionnaires which may be prescribed.
- (f) To return to my home country at the end of my course of study or training.

I also fully understand that if granted a training award it may be subsequently withdrawn if I fail to make adequate progress, or for other sufficient cause including physical conditions determined by the Government of Japan.

Date :

Signature.....

PART B To be completed by nominee’s Director or Head of Department.

OBSERVATION OF NOMINATING ORGANISATION

I describe what work the nominee will be expected to do on his return.

.....

.....

.....

2. explain how the proposed training will be benefit to the work of your organisation.

.....

.....

.....

3 (For Non –Group Training only)

Describe:

- 1) Subject area of the training required.

.....

.....

.....

.....

.....

- 2) Special subjects which are particularly important and should be included in the training program (continue on an additional sheet if required)

.....

.....

.....

.....

- 3) Period of training required (from/ to).

.....

- 4) Notice required before nominee can be released from present post.

.....

PART C To be completed and signed by a responsible government official.

OFFICIAL NOMINATION

I certify that :

I have examined the documents in this form and I am satisfied that they are authentic and relate to the nominee.

I accordingly nominate this person on behalf of the Government of **India**

Date: Signature:

Position: Name: Official stamp

Organisation: **GOVT. OF INDIA**

MEDICAL HISTORY AND EXAMINATION FOR JICA TRAINING AWARDS

MEDICAL HISTORY TO BE COMPLETED BY THE NOMINEE			
1 NAME OF NOMINEE (last name, first name, middle name)			
2 DATE OF BIRTH (mo/ day/ yr)	3 NATIONALITY	4 SEX	5 ADDRESS FOR CONTACT
6 NAME OF TRAINING COURSE/ SEMINAR			
7 LENGTH OF TRAINING COURSE/ SEMINAR (weeks, months)			

13 IMPORTANT NOTICE

Before you complete the medical history questionnaire, you are hereby notified that:

A medical condition resulting from an undisclosed pre-existing condition may not be financially compensated by JICA and may result in termination of your training program.

I understand and accept the terms of this notice _____ Yes _____ No.

9 NOMINEE WILL CHECK "YES" OR "NO" AND EXPLAIN

	YES	NO		EXPLANATION
a.			Have you had any significant or serious illness or injury? (If hospitalised, give place & dates.)	
b.			Have you had any operation or advice by a physician to have an operation? (Give place & dates)	
c.			Do you currently use any drugs for treatment of a medical condition? (Give name & dose.)	
d.			Have you ever been a patient in a mental hospital or sanitarium or treated by a Psychiatrist? (Give place & dates.)	

10 NOMINEE WILL INDICATE "YES" OR "NO" TO EACH ITEM**DO YOU NOW HAVE OR HAVE YOU EVER HAD THE CONDITION LISTED BELOW?**

(check each item, if yes, enclose the relevant condition with a circle.)

	YES	NO	CONDITION
a.			Asthma, emphysema, or other lung conditions
b.			Tuberculosis or live with anyone who has tuberculosis
c.			High blood pressure, heart disease
d.			Stomach, liver (hepatitis), gall bladder disease
e.			Kidney or bladder disease, stone or blood in urine
f.			Diabetes (sugar in the urine)
g.			Depression, excess worry, attempted suicide, or other psychological symptoms
h.			Acquired Immune Deficiency Syndrome (AIDS)
i.			Tumor , abnormal growth, cyst, or cancer
j.			Bleeding disorder, blood disease (sickle cell anemia)

I CERTIFY THAT I HAVE READ THE ABOVE INSTRUCTIONS AND ANSWERED ALL QUESTIONS TRULY AND COMPLETELY TO THE BEST OF MY KNOWLEDGE.

11 PRINTED NAME OF NOMINEE	12 DATE	13 SIGNATURE OF NOMINEE