

Tel Nos.

Fax : E-mail :

Mobile/Cell:

Special dietary needs, if any :

INTERNATIONAL SERICULTURAL COMMISSION BANGALORE - INDIA

Global Partnership Programme (Training on Sericulture and Silk Industry) **APPLICATION FORM** Paste here Photo of size 3" x 6 " PART- I Name of Course: Nationality: Institute : Commencing: From _ 1. Personal Particulars Name (s): Surname: Sex (tick one): MALE / FEMALE Marital Status: Date of Birth: Date - Month - Year Date & Place of issue :-_Valid till :-Passport No.: Office Residence Address:

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1.1.	Person(s) to	be notified	in case	of Emergency

	Official Cor		Official Contact	et			Personal / Family Contact
Naı	me:						
Add	dress:						
Tel	Nos:						
	bile /Cell :						
Fax							
	nail:						
l.2.		Qualification	(s)				
	Degree / Dip	loma / Certificat	es		Year		Name of Educational Institute
1					. 001		S. Zadanoma momato
2							
3							
4							
5							
О							
.3.		l Qualification		1	Vaar		Name of Institute
1	Profes	sional Qualificati	ion(s)		Year		Name of Institute
2							
3							
4							
5							
6							
2. De	etails of Employ		ion (current &	& pre	vious)		
		Employer / : / Company	Position		Pe	riod	Description of Work
1		, , , , , , , , , , , , , , , , , , ,					
2							
3							
4							
5							
6							
2.1.	Are you an	employee of: (Mark approp	riate I	oox)		
a.	Government [b. Semi-gover	nment	/Parastat	al 🗆	
C.	c. Private company d. Others (Please specify)						

2. I	Details of pres	sent employer :			
Name :					
Address:					
Tel. N	0. :				
E-mail	1:				
		ed a course sponsored by an agency	on the s	ubject	Yes No
#	Name of the	Course (s) and Institute			Year
1					
2					
3					
Detail	s of Course(s) attended, if any, outside your co	ountry:		
	Country	Course Details & Duration	Year	Spons	or/Programme
	Country	Course Details & Duration	Year	Spons	or/Programme
	Country	Course Details & Duration	Year	Spons	or/Programme
	Country	Course Details & Duration	Year	Spons	or/Programme
	Country	Course Details & Duration	Year	Sponso	or/Programme

5. Please describe in your own words (about 100 words) - (a) qualification/experience related to the course applied for; & (b) reason (s) for applying for this training course.

6. Certification of English language proficiency (by Sponsoring Government Authority)

	Good	Basic	Remarks
Spoken			
Written			
Mother tonguany:			/ Other language(s), if
English Lang	uage test te	ested by:	
Name :			
Address :			
Telephone N	umber:		
Email :			
			Signature with date

MEDICAL REPORT

(To be certified by a doctor/hospital certified by the respective Government of the Sponsoring Country)

(i) Name of Applicant:					
(ii) Age:					
(iii) Sex: (Male / Female)					
(iv) Height (cm):					
(v) Weight (kg):					
(vi) Blood Group:					
(vii)Blood Pressure:					
(viii) Blood Sugar:	(Pre-prandial)	(Peak post- prandial)			
1. Is the person examined present ?	d in good health at				
2. Is the person examined physically and mentally fit to carry out intensive training away from home?					
3. Is the person free of infectious diseases (tuberculosis, trachoma, skin diseases etc.)?					
4. Has the person taken Yellow Fever inoculation (in case of people coming from Yellow Fever region or as laid out in WHO Regulations) ? Yellow Fever Certificate is mandatory.					
5. Does the person examined have any chronic ailment which may require regular treatment/ medication during the course?					
6. List of any observed at chest X ray.	bnormalities indicated in the				
I certify that the app	plicant is medically fit to unde	rtake a training course in India.			
Name of Doctor/Physician:					
Registration No.:					
Address of Clinic / Hospital:					
Telephone :					
Date:					
Signature of Doctor/Physician:Seal of Clinic/Hospital:					

UNDERTAKING BY THE APPLICANT

	I,(Name, Middle name, Family name)
•	ountry)certify that information provided by me in
this fo	orm 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
(1)	India.*
<i>(</i> **)	
(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 on the same subject by other agencies.
(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.
	ccepted for the ISC Global Partnership Training Programme, I undertake to:
(a)	Comply with the instructions and abide by Rules, Regulations and guidelines as may be stipulated by ISC and the Indian Government in respect of the training;
(b)	Follow the full and complete course of study/ 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 ISC.
(g)	I confirm that I will not travel to India to attend the Course applied for in case I am pregnant - (for lady participants).
Date:	
Place	e: (SIGNATURE OF THE APPLICANT)
	Name:

^{*} Details of the course can be obtained from ISC though e-mail.

PART – II

To be completed by the authorized official of the Nominating Government/ Employer

	l,	on	behalf of the
Gover	nment of	certify that:	
(a)	I have examined the educational, professions nominee in Part – I of this form and I at to the nominee.		
(b)	I have gone through the medical certificate which state that he/she is medically fit and Fever and that having regard to his/her ph indicate that the nominee is other than fit to training in India.	d free from any infectious d ysical and mental history the	lisease and Yellow ere is no reason to
(c)	The nominee has adequate knowledge of s follow the course of training for which he/she		enable him/her to
(d)	The nominee has not availed of training facil India.	ities earlier on the same sul	oject in
	I nominate Mr./Mrs./Miss		on behalf
of the	Government of	as employer.	
Name	of Nominating Authority:		
Desig	nation:	_	
Addre	SS:	_	
			nature h seal)
			nd Designation lock letters)
Date :		(- · · · - - /
Place	:		

IMPORTANT NOTICE

- Please read the form carefully.
- The application will be automatically rejected if any column is inaccurate, incomplete or blank.
- While filling the form, no abbreviations should be used. Write full name of degree, organization/institution, designation, etc.
- Undertaking by the candidate and the recommendations from employer 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 are expected to be physically fit to undertake the training programme. It may kindly be noted that medical cover provided by ISC is only for any medical emergency arising during the training programme. For regular medical problems, the candidates are required to pay for doctor's fee and medicines out of their own expenses.
- In case a candidate is under medication for some chronic ailment(s) like hypertension/diabetes, etc., and with the prescribed medication can undertake the training, the candidate must bring the prescribed medicines along with him/her for the whole duration of the course.
- Female candidates, if pregnant, are advised not to travel to India to attend the course applied for.
- Candidates must abide by the rules and regulations of the Training Institute.
- Candidates who leave the course midway for personal reasons without prior permission of the ISC or remain absent from the programme without sufficient reasons are required to refund the cost of training to ISC.
- Candidates interested to visit different parts of India for tourism purposes will require prior permission of ISC.