

INSTRUCTIONS TO CANDIDATES FOR FILLING THE APPLICATION FORM

- 1 All entries (except the signature) in the application should, be typewritten or handwritten in block letters (capitals).
 - 2 **Six copies of application, duly filled and properly tagged, are to be submitted.**
 - 3 **Each copy should be complete in all respects, with all the required information and all necessary supporting documents, as listed below:**
 - i. A recent passport size photograph (taken not earlier than a year before the date of the application) should be pasted on the application form in the space provided for the purpose. The name should be written on the photograph for purpose of identification.
 - ii. Apart from these six photographs which are to be pasted on the applications, one additional photograph, not pasted to any form, must be supplied.
 - iii. Certified copy of the syllabi, curricula, etc. of courses covered in schools, colleges, universities attended (except the Senior Cambridge, High Cambridge and London General Certificate of Education examination) with full details. Note: If this information is not supplied, your application will not be considered, as this information is required in order to establish equivalency with Indian academic standards.
 - iv. Certified photostat copies of all academic qualifications certificates and marksheets, including those relating to school leaving examination, which are mandatory for the course for which you have applied.
- Note:** Please ensure that certified copies of documents showing specific qualifications required for the course of your choice (such as GMAT scores for admission in MBA/TOEFL/IELTS scores for English courses etc.) are also attached. The requirements can be checked from the UGC website / Handbook or from the website of the institution concerned.
- v. A certificate of physical fitness in the prescribed form.
 - vi. Recommendations / character certificates as required under S. No.15 of this form.
 - vii. Certified copies of relevant pages of candidate's valid passport (max validity), showing photograph, name, contact details, date of issue, date of expiry and place of issue. (Note: Please ensure that your passport is valid for the duration of the course for which you have applied.)

(ORIGINAL DOCUMENTS SHOULD NOT BE SENT WITH THE APPLICATION AS THESE WILL NOT BE RETURNED TO THE APPLICANT.)

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

9. Knowledge of proficiency in English

Written	Good ()	Fair ()	Poor ()
Spoken	Good ()	Fair ()	Poor ()

Specify level of examination passed in English and grades obtained.

10. Knowledge of any other language _____

Written	Good ()	Fair ()	Poor ()
Spoken	Good ()	Fair ()	Poor ()
Understand	Good ()	Fair ()	Poor ()

11. Give details, if any

(a) Proficiency acquired in games, sports & athletics; and

(b) Part taken in other extra-curricular or social activities

12. Order of preference for the Universities / Institutes in India wherein you wish to seek admission:

1.

2.

3.

NB :- In case none of three universities of my choices agree to give me admission to the course of my choice, I **agree / do not agree** if ICCR forwards my applications to other universities in other cities of India.

NOTE: Please refer to "Universities Handbook of India" available with the Indian Diplomatic Mission in your country or go to University Grants Commission (UGC) website at <http://www.ugc.ac.in> Please note that ICCR provides scholarships only for courses in central or state government universities as listed by the UGC.

There is no guarantee of admission in your choice of University / Institution. In case of non-availability of a particular course in a particular Institution, or in case none of three universities of student choice confirm admission, the Council will forward the application to other Universities/Institutions where such courses are available so that as many students as possible get admissions in Indian Universities.

The Council would try to accommodate the candidates as per their choice of course/institute. However, while the candidate may decide whether or not to accept such an offer, it may be noted that once accepted, no change in either course or University will be permitted.

13. Order of preference of the courses which you wish to study in India.

1.

2.

3.

NOTE: Candidate should be very specific and clear about the course of study, which he / she wishes to pursue in India. Scholarships are not available to pursue more than one course. Candidate should ensure that the courses listed here are offered by all three of the Universities listed under S.No.12 above. The candidates must refer to the Universities/Institute Website to know the eligibility criteria for the courses of their choice.

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 Leaving (equivalent to Grade XII in India)			<input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>	<input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>
Undergraduate (equivalent to three years course after grade XII in India)			<input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>	<input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>
Post graduate (Two years' Masters' course after the above mentioned undergraduate or five years' Masters' course after grade XII)			<input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>	<input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>
DOCTORAL (Ph.D) (After Masters' Degree)			<input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>	Accepted <input type="checkbox"/> OR Not yet accepted <input type="checkbox"/>

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	Name of University / Institute	Course

15. Give below the names of two persons who have agreed to testify from their personal knowledge to your character (they must not be related to you and should have direct knowledge of your academic pursuits and attach recommendation letters / character certificates signed by them).

(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. Name _____
II. Relationship _____
III. Status/ Designation _____
IV. Address _____
V. Tel No. _____
VI. E-mail _____

17. Have you travelled or lived in India in the past. If so, mention places visited and dates of such visits.

18. Have you ever availed of ICCR Scholarship earlier? If so, please give full details.

- (i) Year of Scholarship
- (ii) Name of Course
- (iii) Name of the Institute / University
- (iv) 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 separate sheet and sign the same).

Date

Place

Signature of Applicant

I hereby declare that the particulars given above are true to the best of my knowledge and belief, that I have understood the terms and conditions of the Scholarship Scheme as given above and in Annexures II and III and hereby undertake to abide by them, and that I also undertake to return to my country after completion of my studies in India.

Signature of Applicant

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

Name of Applicant _____

Sex M/F _____

Marital Status _____

Age _____ Blood Group _____

Nationality _____

Address _____

(City) _____

(Country) _____

Telephone No. _____

Email Address _____

I. Medical History (Please give details of any past medical condition which may adversely impact the patient's health at the current time or in the near future).

IA. History of Any Known Illness / Surgery:-

Raised BP -	Yes <input type="checkbox"/>	No <input type="checkbox"/>	If, yes – on Regular treatment -	Yes <input type="checkbox"/>	No <input type="checkbox"/>
DM -	Yes <input type="checkbox"/>	No <input type="checkbox"/>	If, yes – on Regular treatment -	Yes <input type="checkbox"/>	No <input type="checkbox"/>
IHD -	Yes <input type="checkbox"/>	No <input type="checkbox"/>	If, yes – on Regular treatment -	Yes <input type="checkbox"/>	No <input type="checkbox"/>
Stroke -	Yes <input type="checkbox"/>	No <input type="checkbox"/>	If, yes – on Regular treatment -	Yes <input type="checkbox"/>	No <input type="checkbox"/>

Kidney Disease:

Chronic Renal Failure – Yes ☐ No ☐ If, yes – on Regular treatment - Yes ☐ No ☐

Any history of Surgery / prolonged hospitalization (more than 2 weeks)

Yes/No; if yes, details of illness / injury / surgery with duration of illness/ treatment

Any history of loss of appetite - Yes ☐ No ☐

Any history of loss of Weight - Yes ☐ No ☐

Any history of digestive diseases - Yes ☐ No ☐

Family History of : DM ☐ HT ☐ Obesity ☐

Any known Allergy:- If so, is the patient on any medication / precautions?

II. Physical Examination

Medical condition of:-

Height _____ Weight _____ Chest _____
Head _____ Nose _____ Lungs _____
Eyes _____ Pharynx _____ Heart _____
Ears _____ Neck _____ Reflexes _____

Remarks if any:-

III. **Medical Examination:-** Routine Blood, (including Fasting & P.P), Urine Test and Chest X-Ray and any other test as deemed fit by the Medical Practitioner (to rule out any chronic disease).

IV. Summary

1. I believe this applicant IS / IS NOT physically able to carry on a full course of study, involving long hours of work, in a college or university in India.
2. In my opinion the applicant's health and physical condition in general are:

Excellent

Good

Poor

3. I certify that the applicant is up-to-date on routine vaccinations including, among others, MMR, DPT, Varicella, Hepatitis A & B etc.
4. He / She has no physical condition / ailment which would hinder him from pursuing a full course of study in India. _____()
5. He / She present no evidence of any communicable disease or of any chronic fatigue. _____()
6. He / She does not have any chronic medical condition which requires regular and sustained medical treatment. _____()

NOTE: If answers to 4, 5 and 6 above are positive, please give details in Remarks column below.

REMARKS

Date

Signature _____

Address _____

IMPORTANT:

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