

INTERNATIONAL SERICULTURAL COMMISSION BANGALORE - INDIA

Global Partnership Programme

(Scholarship programme on Sericulture and Silk Industry) APPLICATION FORM Paste here Photo of size 3" x 6 " PART- I Nationality: ______ Field of Scholarship: Institute: _____ Commencing: From _____ to ____ DD/MM/YYYY 1. Personal Particulars Name (s):

Name (s):		
Surname :		
Sex (tick one):	MALE / FEMALE	
Marital Status:		
Date of Birth:	Date - Month - Year	
	Date - Month - Teal	
Passport No.:	Date & Place of issue :	Valid till :-
	Office	Residence
Address:		
Tel Nos.		
Mobile/Cell :		
Fax:		
E-mail:		
Special dietary nee	eds, if any :	1
		-

Person(s) to be notified in case of Emergency

	Official Contact		Personal / Family Contact				
Name :		Jiliciai Contact			r ersonar / r armry contact		
iva	me :						
Add	dress:						
Tel	Nos:						
Mo	bile /Cell :						
Fax							
	nail:						
E-I	ııaıı.						
1.1.	Educational	Qualification(s)				
	PhD/PG/Deg	ree		Year		Name of Educational Institute	
1							
2							
3							
5							
6							
1.2.	1.2. Professional Qualification(s), if any:						
	Profess	sional Qualification	on(s)	Year		Name of Institute	
1							
3							
4							
5							
6							
2. Details of Employment/Profession (current & previous)							
	Name of E Department		Position	P	eriod	Description of Work	
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2							
3							
4							
5							
6							
2.1. Are you an employee of: (Mark appropriate box)							
a.	Government [ment					
C.	Private company		d. Others (Please specify)				

2. Det	ails of pres	sent employer :			
Name :					
Address:					
Tel. No. :					
E-mail :					
		ed a scholarship programme on the yes, details of the Scholarship (s		ark one)	Yes No
# N	Name of the	me of the programme and Institute			
1					
2					
3					
	of program	mes attended, if any, outside you Programme Details & Duration	r country Year	T	or/Programme

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

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

	Good	Basic	Remarks
Spoken			
Written			
Mother tonguany:			/ Other language(s), if
English Language test tested 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 study away from home?					
3. Is the person free of infectious diseases (tuberculosis, trachoma, skin diseases etc.)?					
5. Does the person exam ailment which may require medication during the stu	e regular treatment/				
6. List of any observed at chest X ray.	onormalities indicated in the				
I certify that the ap	plicant is medically fit to undert	ake a study in India.			
Name of Doctor/Physician:					
			_		
			_		
		_			
Date:					
Signature of Doctor/Physicia	n:Seal of	Clinic/Hospital:			

UNDERTAKING BY THE APPLICANT

I,(Name, Middle name, Family name)			
of (country)certify that information provided by me in			
this form is true, complete and correct.			
I also certify that :-			
(i) I have read the scholarship details and that I am aware of the study contents and living conditions in India.*			
(ii) I have sufficient knowledge of English to participate in the scholarship programme.			
(iii) I am medically fit to participate in the study 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 programme during the period of the scholarship applied for.			
If accepted for the ISC Global Partnership Scholarship 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 scholarship; 			
(b) Follow the full and complete programme and abide by the Rules of the University/Institution Establishment in which I undertake the study.			
(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 study,			
(f) I also fully undertake that if I am granted a scholarship 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 study applied for in case I am pregnant - (for lady participants).			
Date:			
Place: (SIGNATURE OF THE APPLICANT)			
Name:			

 $^{^{\}ast}$ Details of the study 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 phindicate that the nominee is other than fit to scholarship programme in India.	d free from any infectious dis ysical and mental history ther	sease and Yellow e is no reason to
(c)	The nominee has adequate knowledge of s follow the study for which he/she is being n		enable him/her to
(d)	The nominee has not availed of any facilit India.	ies earlier on the same subj	ect in
	I nominate Mr./Mrs./Miss		on behalf
of the	Government of	as employer.	
Name	of Nominating Authority:		
Desig	nation:	_	
Addre	SS:	_	
		Signa (With	
			d Designation ock 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 studies, basic knowledge of English is required.
- Candidates are expected to be physically fit to undertake the scholarship programme. It may kindly be noted that medical cover provided by ISC is only for any medical emergency arising during the scholarship 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 study, the candidate must bring the prescribed medicines along with him/her for the whole duration of the study.
- Female candidates, if pregnant, are advised not to travel to India to attend the study applied for.
- Candidates must abide by the rules and regulations of the Institute.
- Candidates who leave the study 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 study to ISC.
- Candidates interested to visit different parts of India for tourism purposes will require prior permission of ISC.