

DATA SHEET FOR AYUSH SCHOLARSHIP SCHEME 2017-18

Affix Recent
Passport Size
Photograph

Course applied for : _____

First Name

Middle Name

Last Name

1. Name :

2. Father's Name & Occupation :

3. Full Correspondence Address :

4. District :

5. Phone/Mobile No. : 1. 2. (Parent)

6. E-mail :

7. Date of Birth (Christian Era/AD) :

8. Age as on 01 July 2017 : ____ Year ____ Month ____ Day

9. Total Marks in Class XII Marks Obtained in Class XII % in Class XII

_____ %

10. Marks Obtained in English in Class XII : _____

11. Total Marks in Graduation Marks Obtained in Graduation % in Graduation

12. I further understand that mere nomination of my name by EOI, Kathmandu does not guarantee admission to any Indian college/university for the above course. **I will not request for change of college/ institution or transfer of scholarship on receipt of admission offer letter. If I withdraw or reject the scholarship offered by the Embassy due to non-placement in a college / institution of my choice, I will be debarred from future scholarship of the Embassy.**

13. I certify that the information/details furnished above are correct to the best of my knowledge and belief. I am also aware that my application / selection / scholarship will be rejected / annulled at any stage if any facts stated above are found to be incorrect/ incomplete.

.....
(Signature of Applicant with date)

APPLICATION FORM

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1. Full Name (BLOCK LETTERS)

(Mr. / Mrs. / Miss) _____

2. Male (☐) Female (☐)

3. Contact details:-

i. Tel: _____

ii. Fax: _____

iii. E-mail: _____

iv. Postal address: _____

4. Permanent home address (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 (<input type="checkbox"/>)	Fair (<input type="checkbox"/>)	Poor (<input type="checkbox"/>)
Spoken	Good (<input type="checkbox"/>)	Fair (<input type="checkbox"/>)	Poor (<input type="checkbox"/>)

Specify level of examination passed in English and grades obtained

10. State in order of preference the Universities / Institutes in India in which you seek admission
(Please visit ICCR website (www.iccr.gov.in) in this regard):

1.

2.

3.

NOTE: 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, the Council will forward the application to other Universities / Institutions where such courses are available.

The Council would try to accommodate the candidates as per their choice of course / institute. However, the Council reserves the right to offer admissions for any course or institution in India even if these are not among the candidate's preferred choice. 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.

11. State in order of preference the courses which you would like to study in India.

1.

2.

3.

NOTE: Candidates 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. The candidates must refer to the Universities / Institute Website to know the eligibility criteria for the courses of their choice.

12. PREVIOUS EDUCATIONAL QUALIFICATIONS (Fill in all columns which are applicable to you):

<i>Certificate / Degree</i>	<i>Country</i>	<i>Name of School/ University / Board</i>	<i>Year of Graduation</i>	<i>Percentage</i>
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"/>
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"/>
Post graduate (Two years' Master's course after the above-mentioned undergraduate or five years' Master's 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"/>
Doctoral (Ph.D) (After Master's 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

12. 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. :

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. _____

E-mail 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 presents 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.