

Silver Jubilee Scholarship Scheme 2017-18 (MBA□/MCA□/M.Sc□/MA□/ Ph.D□)

Course applied for _____

1. Name : First Name Middle Name Last Name
:

2. Father's Name/Occupation :

3. Full Correspondence Address :
:
:

4. District :

5. Phone/Mobile No. :

6. E-mail :

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

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

9. Total Marks Marks Obtained % in aggregate

Marks in Class XII

Marks in English in Class XII

Marks in Graduation

Marks in Post Graduation

10. 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 upon taking admission. I will not reject / withdraw scholarship seat at a later stage after placement in any institution in India, failing which Embassy may debar my candidature for future scholarships.**

11. I certify that information / details furnished 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 with date of submission

APPLICATION FORM

Space for recent
passport size
photograph

1. Full name (BLOCK LETTERS)
(Mr. / Mrs. / Miss) :
2. Male () Female ()
3. Contact Details:-

 - i. Tel: 1. 2.(Parent)
 - ii. Fax:.....
 - iii. E-mail:.....
 - 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. State in order of preference the Universities / Institutes in India in which you seek admission:

- 1.
- 2.
- 3.

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, and for courses in deemed universities which have been approved 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, 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.

13. 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. Candidates 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"/>
Under Graduate (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 under graduate 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

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 friend(s), 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) _____

Tel. 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 No If, yes – on Regular treatment - Yes No

DM - Yes No If, yes – on Regular treatment - Yes No

IHD - Yes No If, yes – on Regular treatment - Yes No

Stroke - Yes No If, yes – on Regular treatment - Yes No

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

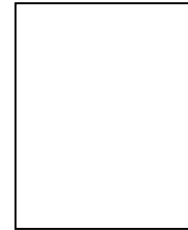
Signature _____

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.

Additional form for Ph.D course to be submitted in 1 copy along with mark sheet / transcript and citizenship and synopsis



ANNEXURE-II
(Para-V)

Please add
a Passport Size
Photograph

**Application for Approval of Research Project and for Authorization of Visa
(to be submitted in 1 set)**

PART – A

1. Name:
(Surname) (First Name) (Middle Name)
2. Father's Name:
(Husband's name in case of married woman)
3. Sex:
4. Date of Birth (Christian Era / AD):
5. (a) Nationality :
(b) Passport No.: Date of Issue: Validity Period.....
6. (a) Occupation (Status and Institution):
(b) Present Address:
(c) Permanent Address:
7. Accompanying dependents / spouse (name, sex, nationality, date of birth, passport no., place and date of issue and period of its validity and occupation to be given)
.....
.....
8. Major field of specialization:
9. Source of funding:
10. Proposed duration of stay in India:
11. Academic Training:

College / Universities Attended	Year	Degree Earned	Major Field

12. Professional employment history (beginning with most recent)

Inclusive Dates	Position	Institution

13. Publications:

14. Proficiency in Indian Languages:

15. Whether the scholar applied for or undertook any other project in India in past and if so, the details thereof. Please also indicate whether the present project is in continuation / extension of the earlier project or a separate project.

16. Whether the scholar has submitted the same or any other project for research in India through any agency, if so, indicate.

(a) Title of the Project:

(b) Agency through which applied:

17. Previous visits to India

Date of Visit	Places Visited	Purpose	Category of Visa

PART – B

18. Title of proposed research project in India.
19. Name of Indian Institution / University of affiliation where the proposed project will be undertaken (Certificate of Affiliation from the Institution / University should be enclosed)
20. Major objection of Investigation *(Précised information should be given here and the research project giving the information in detail may be enclosed)*
21. Problems to be investigated *(Précised information should be given here and the research project giving the information in detail may be enclosed)*
22. Places to be visited
23. Research methodology to be followed
24. Type of data to be collected and sources from which it is to be gathered
25. Whether the project will be undertaken individually or some other foreign scholar / Indian scholar will also work. If so, give details (including bio-data) of the other scholar(s) and also a full programme.
26. Name of Indian Mission / Consulate where visa authorization is to be sent.

NOTE: Concealment of any material / information or any mis-statement is likely to result in the rejection of the application.