



Government of India
Ministry of External Affairs

**APPLICATION FORM for
INDIAN TECHNICAL AND ECONOMIC COOPERATION (ITEC)**

[TO BE FILLED BY APPLICANT AND SUBMITTED ALONG WITH DIGITAL PASSPORT PICTURE IN *.JPG FORMAT]

PART I

Country/nationality	
Name of course & Date	
Name of Institute	
Name (title:: Name:: Surname)	
Gender	
Marital Status	
Date of Birth	
Passport Details Please fill Passport number, Date of Issue, Date of Expiry and Place of Issue)	
Contact number of family member in home country (in case of emergency)	
Contact number of employer in home country (in case of emergency)	

PART II

Contact Details

Office		Residence	
Address		Address	
Telephone/mobile		Telephone/mobile	
E mail ID		E mail ID	

Employment details

Employee Category	Government/Semi-government/Private Company/Others (Please specify)
Details of Present/Employer/Immediate superior officer	
Name	
Address	
Telephone Number	
Email ID	
Your current designation	
Date of employment with current employer since	
Your current work responsibilities (brief description)	



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**ANNEXURE -1 to APPLICATION FORM for
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UNDERTAKING TO BE GIVEN BY THE APPLICANT

I _____ of _____ certify that information provided by me in this form 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 India*.
- (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 sponsored by Government of India.
- (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.

If accepted for the ITEC training programme, I undertake to:

- (a) Comply with the instructions and abide by Rules, Regulations and guidelines as may be stipulated by both the nominating and sponsoring Governments in respect of the training;
- (b) Follow the full and complete course of study/training and abide by the Rules of the University/Institute/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 Government.
- (g) (in case of lady participants) I confirm that I will not travel to India to attend the Course applied for in case I am pregnant.

Date:

Place

SIGNATURE OF THE APPLICANT

Name:

**Details of the course are on the website of the institute or can be obtained from them through e-mail*



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ANNEXURE-2 to APPLICATION FORM for
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**CERTIFICATE TO BE PROVIDED BY
AUTHORISED OFFICIAL OF THE NOMINATING
GOVERNMENT/EMPLOYER**

I.....on behalf of the Government of _____
certify that:

(a) I have examined the educational, professional and other certificated quoted by the nominee along with this form and I am satisfied that they are authentic and relate to the nominee.

(b) I have gone through the medical certificates and X-ray reports produced by the nominee which state that he/she is medically fit and free from any infectious disease and Yellow Fever and that having regard to his/her physical and mental history there is no reason to indicate that the nominee is other than fit to undertake the journey to India and to undergo training in India.

(c) The nominee has adequate knowledge of spoken and written English to enable him/her to follow the course of training for which he/she is being nominated.

(d) The nominee has not availed of ITEC training facilities earlier in India.

I nominateon behalf of the Government of
.....as employer.

Name of Nominating Authority:

Designation:

Address:

**Signature
(with seal)**

Date:

Place:

Name and Designation (in block letters)



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ANNEXURE- 3 to APPLICATION FORM for
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MEDICAL REPORT
(To be certified by only Government hospital/clinic)

1. Full Name of Applicant	
2. Age:	
3. Sex: (Male/Female)	
4. Height (cm):	
5. Weight (kg):	
6. Blood Group:	
7. Blood Pressure:	
8. Pre-prandial Blood Sugar:	
9. Post-prandial Blood Sugar:	
10. Is the person examined in good health at present?	
11. Is the person examined physically and mentally fit to carry out intensive training away	Yes No
12. Free of infectious Diseases	Yes No
13. Yellow Fever (If yes, please certify)	
14. Any chronic ailment which may require regular treatment/medication during the course? (If yes, please specify)	
15. Abnormalities indicated in the chest X ray (if yes, please specify)	
16. Does the person require any special assistance to carry out his daily activities? (If yes, please specify)	

Details of Doctor/Physician who have performed the test

Date of test report	
Name of Doctor/Physician	
Doctor Registration No.	
Doctor Address	
Doctor city	
Doctor Phone Number	
Doctor E mail Id	

Signature of Doctor/Physician: _____ Seal of Government
Clinic/Hospital: _____