



APPLICATION FORM



**5-Day Capacity Building Training Programs focused on
'Water' and 'Energy' Management for African Delegates at New Delhi, India –
Supported by Ministry of External Affairs, Government of India (GOI)**

**3 X 4 cm
Photograph**

(Please read instructions carefully before applying)

1. PLEASE INDICATE/TICK THE PROGRAM APPLYING FOR

Training Program	Name of the Course	Program Dates	Please Tick
1	Water Audit and Rainwater Harvesting	18 th -22 nd February 2019	
2	Energy Efficiency and Conservation	25 th Feb- 1 st March 2019	

2. PERSONAL PARTICULARS (PLEASE USE CAPITAL LETTERS TO FILL THIS SECTION)

Full Name:			
Sex (tick one):	MALE /FEMALE	Age (years):	
Marital Status:		Date of Birth:	
Residential Address:			
Country:		Mobile:	
Email:		Telephone no.:	

3. PASSPORT DETAILS (PLEASE USE CAPITAL LETTERS TO FILL THIS SECTION)

Name on Passport:		Nationality:	
Passport no:		Date of Issue:	
Place of Issue:		Valid till:	

4. EDUCATIONAL/PROFESSIONAL QUALIFICATION(S)

Degree/ Diploma/ Certificates	Year	Name of Educational institute
1.		
2.		
3.		
4.		

5. DETAILS OF EMPLOYMENT/PROFESSION (CURRENT & PREVIOUS)

Name of Employer/Company	Position/Designation	Period
1.		
2.		
3.		

Are you an employee of (mark appropriate box):

- a. Government b. Industry c. Institution/University
 d. Consultancy e. Service f. Other (Pl. Specify) _____

Total Year/s of Working Experience:

Contact Details of Present Employer

Name of Organization:			
Designation at Organization:			
Address:			
Email:			
Telephone no:		Fax:	

Describe your current work indicating your responsibility (in not more than 100 words):

6. Have you ever attended a course sponsored by the Government of India? YES NO

If yes, please mention the details of the Course(s)

Course Details & Duration	Year	Sponsored by

7. DETAILS OF COURSE(S) ATTENDED, IF ANY, OUTSIDE YOUR COUNTRY

Details of the course attended outside your country:

Country	Course Details & Duration	Year	Sponsored by

8. PLEASE DESCRIBE IN YOUR OWN WORDS (ABOUT 100 WORDS):

How do you think will the training program benefit you?

9. EMERGENCY CONTACT DETAILS: Person(s) to be notified in case of Emergency			
	Official Contact		Personal/Family Contact
Name:			
Address:			
Tel Nos.:			
Mobile/Cell:			
Fax:			
Email:			
10. CERTIFICATION OF ENGLISH LANGUAGE PROFICIENCY (BY EMPLOYER/NOMINATING ORGANIZATION)			
	Good	Basic	Remarks
Spoken			
Written			
Mother tongue/ Native language:			
Other language(s), if any:			
This is to Certify that the Applicant has a Good Knowledge in Working English.			
Name:			
Address:			
Telephone no:			
Email:			
Signature with Date:			

IMPORTANT NOTICE

- Please read the form carefully. The application will be automatically rejected if any column is inaccurate, incomplete or blank.
- Undertaking by the applicant, Attested Medical Report and the recommendation from employer (Form A), are compulsory pre-requisites.
- Working knowledge of the english language is a pre-requisite.
- Candidate who leave the course midway for personal reasons without prior permission of the Ministry of External Affairs or remain absent from the program without sufficient reasons are expected to refund the cost of training and airfare to Government of India.
- The last date for receiving nominations is 30th November, 2018.
- Kindly send the duly filled in Application Form via email to:
Karishma Bist, Joint Director, FICCI; Email - karishma.bist@ficci.com (M: + 91 9818260682)
Ieshu Ghai, Research Associate, FICCI; Email - ieshu.ghai@ficci.com (M: + 91 9871381922)
 Federation House, Tansen Marg, New Delhi-110001, India
 Tel: +91 11 23487510 / 23487585 (D), Website: www.ficci.in

MEDICAL REPORT

(To be signed by a certified doctor, Clinic or hospital recognised by Country Government/Indian Mission/UN Mission, if any or as designated by Indian Mission)

i) Name of Applicant:
ii) Age:
iii) Sex (Male/Female):
iv) Height (cm):
v) Weight (kg):
vi) Blood Group:

1. Is the person examined in good health at present?	YES/NO
2. Is the person examined physically and mentally to carry out intensive training away from home?	YES/NO
3. Does the person examined have any medical condition or defect which might require treatment during the course?	YES/NO
4. Any observed abnormalities indicated in the check-up.	YES/NO

I certify that the applicant is medically fit to undertake a training programme in India

Name of Doctor/Physician:	
Registration no:	
Address of Clinic/Hospital:	
City/Town:	
Telephone:	
Email:	
Date:	
Signature of Doctor/Physician	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 training program notification 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 program.
- (iii) I am medically fit to participate in the training program.
- (iv) I understand and accept that any false declaration of information on my part will disqualify me from undertaking the program.
- (v) I have not applied for or am not required to attend any other training course/conference/meeting, etc, during the period of the program applied for.

If accepted for the 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, organising and sponsoring Governments in respect of the training;
- (b) Follow the full and complete course of training and abide by the Rules of the Establishment in which I undergo training;

Date:

Place:

(SIGNATURE OF THE APPLICANT)

Name: _____

LETTER OF RECOMMENDATION

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< By Company >

Date: _____

Name of the Training Program: _____

Name(s) of Nominee: _____

From: (Name of Company)

Address: _____

Name of President / Chairman/Head: _____

Signature and Official Seal: _____

(TEL: _____)

(FAX: _____)

We admit that the person indicated in the attached Form(s) has enough language level and meet the age for attending the program. We also recognize that the person has suitable ability and careers. Therefore, we recommend the person(s) as participant(s) for the program.

Note: Kindly send the duly filled in Application Form via email to:

Karishma Bist, Joint Director, FICCI; Email - karishma.bist@ficci.com (M: + 91 9818260682)

Ieshu Ghai, Research Associate, FICCI; Email - ieshu.ghai@ficci.com (M: + 91 9871381922)

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