الإدارة المركزية للتعليم الثقافي
الإدارة المدنية

المدربة الأستاذة / مدير عام الإدارة العامة للعلاقات الثقافية
جامعة بنها

تحية طيبة وبعد

انصرف بالإفادة بأنه ورد لأمانة المجلس كتاب السيد المشرف على مكتب أ.د/ وزير التعليم العالي مضموناً ما ورد من السيدة/ وزيرة التعاون الدولي بشأن إعلان السفارة الهندية بالقاهرة عن دورات تدريبية للعاملين مقدمة من خلال برنامجي التعاون الاقتصادي والفاعل الهيئة ITEC وبرنامج المساعدات الخاصة للكومونوست لافريقيا SCAAP لعام 2012/2011 والتي تتضمن دورات في مجال الإدارة والتخطيط التعليمي على أن يتوقف في المرشح الشروط التالية:

- إجابة اللغة الإنجليزية (قراءة وكتابة ومحادثة)
- خبرة 5 سنوات على الأقل
- السن يتراوح بين 25-45 عامًا
- لائق طبياً

- مؤهل جامعي يناسب مع الدورة المرشح لها

(برق طلب ببيان بالدورات المرشح إليها وموعد اقتناعها واستمارة الترشيح)

يرجى التحكم بالترشيح نحو ترشيهم ومشروماً وحد لكل دورة محدد اسم الدورة المرشح لما م

استنادًا استمارة الترشيح في موعد غايته 30/11/2011 حتى يتسنى لنا اتخاذ اللازم

مع وافر التقدير والاحترام

رئيس الإدارة المركزية

(توقيع)

المجلس الأعلى للجامعات - مبنى جامعة القاهرة - الجيزة - جمهورية مصر العربية
تелефون: 35037385 - 35077744 - 35038538
فاكس: 350422445
25. National Institute of Technical Teachers Training and Research

<table>
<thead>
<tr>
<th>Sl. No.</th>
<th>Name of the Course</th>
<th>Duration</th>
<th>Period</th>
</tr>
</thead>
<tbody>
<tr>
<td>1</td>
<td>Advanced Certificate on Curriculum Design and Instructional Materials Development</td>
<td>8 weeks</td>
<td>03.08.2011 27.09.2011</td>
</tr>
<tr>
<td>2</td>
<td>Advanced Certificate on Developing Technical Education to meet the National Growth</td>
<td>6 weeks</td>
<td>05.10.2011 16.11.2011</td>
</tr>
<tr>
<td>5</td>
<td>Certificate Course on Women Empowerment through Technical and Vocational Education</td>
<td>8 weeks</td>
<td>18.01.2012 15.03.2012</td>
</tr>
</tbody>
</table>

Eligibility Criteria
Sl. Nos. : 1 & 2 : Degree or diploma in engineering / technology or in any vocational field.

Sl. No. 3: Teachers / practicing librarians and / or curriculum developers in Library and Information Science have a diploma / degree in Library and Information Science or equivalent; 2 years experience in teaching / administration of on Library; good proficiency in English which is the medium of Instruction.

Sl. No. 4: Degree / Diploma in engineering / Science / Arts with interest in Video film production.
GOVERNMENT OF INDIA
MINISTRY OF EXTERNAL AFFAIRS
INDIAN TECHNICAL AND ECONOMIC COOPERATION (ITEC) AND
SPECIAL COMMONWEALTH ASSISTANCE FOR AFRICA PROGRAMME (SCAAP)
(Application for the courses fully funded by the Ministry of External Affairs, Government of India)

Please read instructions carefully before applying

APPLICATION FORM

PART I

Nationality: __________________________ Name of Course: __________________________

Indian Institute: __________________________ Commencing: From ______/____/____ to ______/____/____

1. Personal Particulars

Name(s): __________________________________________

Surname: __________________________________________

Sex (tick one): MALE / FEMALE

Marital Status: ______________________________________

Date of Birth: __________________________ Date - Month - Year

Passport No.: __________________________ Date & Place of issue: __________________________ Valid till: __________________________

Address: __________________________________________

Office: __________________________________________

Res./Home: _______________________________________

Tel Nos.: _________________________________________

Mobile/Cell: ______________________________________

Fax: ____________________________________________

E-mail: __________________________________________

Special dietary needs, if any: __________________________________________

1
<table>
<thead>
<tr>
<th>Name</th>
<th>Official Contact</th>
<th>Personal / Family Contact</th>
</tr>
</thead>
<tbody>
<tr>
<td>Address</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Tel No:</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Mobile /Cell</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Fax:</td>
<td></td>
<td></td>
</tr>
<tr>
<td>E-mail:</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

**Educational Qualification(s)**

<table>
<thead>
<tr>
<th>Degree / Diploma / Certificate</th>
<th>Year</th>
<th>Name of Educational Institute</th>
</tr>
</thead>
<tbody>
<tr>
<td>1</td>
<td></td>
<td></td>
</tr>
<tr>
<td>2</td>
<td></td>
<td></td>
</tr>
<tr>
<td>3</td>
<td></td>
<td></td>
</tr>
<tr>
<td>4</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

**Professional Qualification(s), if any:**

<table>
<thead>
<tr>
<th>Professional Qualification (s)</th>
<th>Year</th>
<th>Name of Institute</th>
</tr>
</thead>
<tbody>
<tr>
<td>1</td>
<td></td>
<td></td>
</tr>
<tr>
<td>2</td>
<td></td>
<td></td>
</tr>
<tr>
<td>3</td>
<td></td>
<td></td>
</tr>
<tr>
<td>4</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

**2. Details of Employment/Profession (current & previous)**

<table>
<thead>
<tr>
<th>Name of Employer / Department / Company</th>
<th>Position</th>
<th>Period</th>
<th>Description of Work</th>
</tr>
</thead>
</table>

**Are you an employee of: (Mark appropriate box)**

- [ ] a. Government
- [ ] b. Semi-government/Parastatal
- [ ] c. Private company
- [ ] d. Others* (Please specify)

**Details of present employer:**

<table>
<thead>
<tr>
<th>Name / address:</th>
<th></th>
</tr>
</thead>
<tbody>
<tr>
<td>Tel. No.:</td>
<td></td>
</tr>
<tr>
<td>E-mail:</td>
<td></td>
</tr>
</tbody>
</table>
3. Have you ever attended a course sponsored by the Government of India? (Mark one)

(i) If answer to 3 is yes, details of the Course:

4. Details of Course(s) attended, if any, outside your country:

<table>
<thead>
<tr>
<th>Country</th>
<th>Course Details &amp; Duration</th>
<th>Year</th>
<th>Sponsored/Programme</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

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

6. Certification of English language proficiency (by Indian Mission/Designated Authority)

<table>
<thead>
<tr>
<th>Spoken</th>
<th>Good</th>
<th>Basic</th>
<th>Remarks</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Written</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

Mother tongue / Native language: ______________________________ Other language(s), if any: ______________________________

English Language test administered by: ______________________________

Name & Address: ______________________________

Tel. Number: ______________________________

E-mail: ______________________________

Signature with date: ______________________________
MEDICAL REPORT

(To be certified by a doctor/hospital on the panel of the 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:

(vii) Blood Pressure: (Fasting)

(viii) Blood Sugar: (PP)

1. Is the person examined in good health at present?

2. Is the person examined physically and mentally able to carry out intensive training away from home?

3. Is the person free of infectious diseases (tuberculosis, trachoma, skin diseases etc.)? Yellow fever certificate (in case of people coming from that region or as laid out in WHO Regulations).

4. Does the person examined have any medical condition or defect which might require treatment during the course?

5. List of any observed abnormalities indicated in the chest X-ray.

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

Name of Doctor/Physician:

Registration No.:

Address of Clinic / Hospital

and City / Town:

Telephone:

E mail:

Date:

Signature of Doctor/Physician: Seal of Clinic/Hospital:
IMPORTANT NOTICE

- Please read the form carefully. The application will be automatically rejected if any column is inaccurate, incomplete or blank.

- Declaration by the candidate and the recommendations from employer, if any, are compulsory prerequisites.

- Working knowledge of the English language is a pre-requisite. For English language and language related courses, basic knowledge of English is required.

- Candidates who leave the course midway for personal reasons without prior permission of the Ministry of External Affairs or remain absent from the programme without sufficient reasons are expected to refund the cost of training and airfare to Government of India.

- Female candidates are hereby advised that they should not travel to India to attend the course applied for in case they are in family way.

UNDERTAKING BY THE APPLICANT

(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 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 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 / SCAAP 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 or training and abide by the Rules of the University/Institution/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.

For lady participants:- I confirm that I will not travel to India to attend the course I have applied for if I am in the family way.

Date:

Place:

(SIGNATURE OF THE APPLICANT)

Name:

* Details of the course are on the website of the Institute or can be obtained from them by e-mail.
PART – II

To be completed by the authorized official of the Nominating Government/Employer

I, __________________________________________ on behalf of the Government of _____________________________ certify that:

(a) I have examined the educational, professional and other certificates quoted by the nominee in Part I of 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 such as HIV/AIDS and Yellow Fever and that having regard to his/her physical and mental history there is no reason to indicate that he/she 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 to follow the course of training for which he/she is being nominated.

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

I nominate Mr./Mrs./Miss _____________________________ on behalf of the Government of _____________________________ as employer.

Name of Nominating Authority:
Designation/Title:
Address:
Date:
Place:

Signature (With seal)

Name and Designation (in block letters)