**APPLICATION FORM FOR GENERAL CULTURALSCHOLARSHIP SCHEME**

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| --- |
| Space for recent passport size photograph |

1. Full name (IN BLOCK LETTERS)

 (Mr. / Mrs. / Miss)

1. Male ( ) Female ( )
2. Contact details:-
3. Tel:
4. Email:
5. Postal address:
6. Permanent home address (IN BLOCK LETTERS)
7. Date of birth \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Nationality \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_
8. Country of residence \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_
9. Passport No. \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_
10. Date of issue \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ ii. Date of expiry \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

iii. Place of issue \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

1. Details of Father / Guardian

Name:

Relation (F/G):

Occupation:

Nationality:

Address of Permanent

Residence of Father / Guardian

1. State in order of preference the Universities / Institutes in India in which you seek admission:

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 no to accept such an offer, it may be noted that once accepted, no change in either course or University will be permitted.

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

1.

2.

3.

**NOTE: Candidate 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.**

1. 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) |  |  |

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| Undergraduate (equivalent to three years course after grade XII in India) |  |  |

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| Post graduate (Two years’ Masters’ course after the above mentioned undergraduate or five years’ Masters’ course after grade XII |  |  |

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| DOCTORAL (Ph.D.)(After Masters’ Degree) |  |  |

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| --- | --- | --- | --- |
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 | Accepted ORNot yet accepted |

**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** |
|  |  |  |

1. Have you ever availed of ICCR Scholarship earlier? If so, please give full details.
2. Year of Scholarship
3. Name of Course
4. Name of the Institute / University
5. 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**

Name of Applicant :

Sex : M (\_\_\_\_) F (\_\_\_\_)

Marital status :

Age :

Blood Group :

Nationality :

Address :

City :

Country :

Email ID :

Certified that the applicant has been examined by me and necessary tests carried out and he/she is not suffering from any disease. He/ she isphysically fit to travel to India and join the University.

**Date:**

**Name of Doctor:**

**Address:**

**Signature:**