**REQUIRED DOCUMENTS FOR APPLICANTS/**

**CHECK LIST FOR MISSION**

*  Duly filled in application form with photograph and signature.
*  Copies of all mark sheets for educational qualifications listed in
* form.
*  Certified copies of translation of documents which are not in
* English.
*  If the application is for B.E course, scholar should have studied Physics, Chemistry and Mathematics(PCM) in his/her school leaving examination with minimum of 60%.
*  Audio/ Video clip of those wishing to pursue courses in performing arts is uploaded.
*  Synopsis of proposed area of research when applying for M.Phil./ Doctoral/ Postdoctoral course is uploaded.
*  Certificate that scholar has availed/ not availed of an ICCR scholarship earlier.
*  Two reference letters by professors/teachers/employers
*  Certificate of Physical fitness.
*  Undertaking
*  Certificate that scholar is not studying in India as a self- financing student.
*  Local police verification

# ICCR SCHOLARSHIP SCHEME

**Undertaking from student**

1. I, Mr./Ms. .............................................................................do hereby affirm that I

have understood all the terms & conditions of ICCR’s scholarship scheme & agree to abide by them for the duration of my study in India under this scholarship.

2. If my application is approved for the course/university acceptable to me, I will not ask for a change of either course or institution. In case I seek for a change of course/Institution after joining the course, I will reimburse the expenditure incurred on me for the previous course.

1. If admitted to University/Institute which has a residential facility, I undertake to continue to stay in the hostel and not ask for a change from hostel to private accommodation.
2. If I decide to leave India before the completion of my course, I agree to refund all expenses incurred by ICCR on my behalf.
3. I certify that I do not suffer from terminal illness or aliments affecting vital organs

/certify that I am not in the family way. In case of such illness which requires long absence from course, I agree if I am sent back to my country.

1. I agree to abide by and respect role of conduct of the country. In case I get involved in illegal activities and /or events concerning law and order issues, I agree on being deported to my country.
2. I certify that I am not studying in India as a self- financing student.
3. I certify that I  have/  have not availed of an ICCR Scholarship earlier.

|  |  |
| --- | --- |
| Scholar Signature............................................  Name.................................................  Country.............................................  Date...................................................  Passport No........................................... | **Guardian/ Employer**  Signature............................................  Name.................................................  Country.............................................  Date...................................................  Passport No........................................... |

**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)

Telephone No.

Email Address

1. **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: | Yes |  | No |  | If, yes – on Regular treatment - | Yes |  | No |  |
| 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?

1. **Physical Examination Medical condition of:-**

Height Weight Chest

Head Nose­\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_Lungs \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Eyes Pharynx Heart \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Ears Neck Reflexes

**Remarks if any:-**

1. **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).
2. **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**

* 1. I certify that the applicant is up-to-date on routine vaccinations including, among others, MMR, DPT, Varicella, Hepatitis A & B etc.
  2. He / She has no physical condition / aliment which would hinder him from pursuing a full course of study in India.

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ ( )

* 1. He / She present no evidence of any communicable disease or of any chronic fatigue.

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ ( )

* 1. 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.**