

9. Knowledge of proficiency in English

Written	Good ()	Fair ()	poor ()
Spoken	Good ()	Fair ()	poor ()
Specify level of examination passed in English and grades obtained			

10. Knowledge of any other language:

Written	Good ()	Fair ()	poor ()
Spoken	Good ()	Fair ()	poor ()
Understand	Good ()	Fair ()	poor ()

11. Give details, if any

- (a) Proficiency acquired in games, sports & athletics; and
- (b) Part taken in other extra-curricular or social activities

12. 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)			<input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>	<input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>
Undergraduate (equivalent to three years course after grade XII in India)			<input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>	<input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>
Post graduate (Two years' Masters' course after the above mentioned undergraduate or five years' Masters' course after grade XII)			<input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>	<input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>
DOCTORAL (Ph.D.) (After Masters' Degree)			<input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>	Accepted <input type="checkbox"/> OR Not yet accepted <input type="checkbox"/>

Note: Details of any course in Indian Universities / Institutes which the scholar is currently attending or has attended in past may be given below. Nil

Year	Name of University / Institute	Course

13. Give below the names of two persons who have agreed to testify from their personal knowledge to your character (they must not be related to you and should have direct knowledge of your academic pursuits and attached recommendation letters/character certificates signed by them).

(a) Name:
Status/Designation:
Address:
Cont No:
E-mail:

(b) Name:
Status/Designation:
Address:
Cont No:
E-mail:

14. Details of close relative (s) or friends, if any, in India.

- i. Name:
- ii. Relationship:
- iii. Status/Designation:
- iv. Address:
- v. Tel No.
- vi. E-mail:

15. Have you travelled or lived in India in the past. If so, mention places visited and dates of such visits.

16. Have you ever availed of ICCR scholarship earlier? If so, Please give details.

17.

- (i) Year of Scholarship
- (ii) Name of Course
- (iii) Name of the Institute / University
- (iv) Total duration of stay in India on scholarship

18. Any general remarks which you would like to offer (If the space is not sufficient, attach a separate sheet and sign the same).

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
(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 _____

I. 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:

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?

ii. Physical Examination

Medical condition of:-

Height _____ Weight _____ Chest _____
Head _____ Nose _____ Lungs _____
Eyes _____ Pharynx _____ Heart _____
Ears _____ Neck _____ Reflexes _____

Remarks if any:-

iii. 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).

iv. 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

3. I certify that the applicant is up-to-date on routine vaccinations including, among others, MMR, DPT, Varicella, Hepatitis A & B etc.
_____ ()
4. He / She has no physical condition / ailment which would hinder him from pursuing a full course of study in India.
_____ ()
5. He / She present no evidence of any communicable disease or of any chronic fatigue.
_____ ()
6. 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.

CERTIFICATE TO BE FURNISHED BY THE INDIAN DIPLOMATIC REPRESENTATIVE

Certified that I am satisfied
that Mr./Mrs./Miss

(Name of candidate)

is permanently domiciled in **Afghanistan**

(Name of country)

and on completion of his / her
Studies in India will return to **Afghanistan**

(Name of the country of domicile)

Certified that all entries in the application form have been checked with the original documents and that the application is complete in all respects. Attested copies of certificates, diplomas or degrees of examination passed are enclosed.

Certified that the candidate's knowledge of English is sufficient to enable him/her to follow lectures and instructions given in English and to take examinations in that language.

Date: / **NOV** / 2016

Signature

Place: **Kabul**

Designation: **THIRD SECRETARY (EDUCATION)
EMBASSY OF INDIA, KABUL**