

MINISTRY OF OVERSEAS INDIAN AFFAIRS
Government of India
New Delhi

APPLICATION FORM FOR 4TH STUDY INDIA PROGRAMME (SIP)

[Tentative schedule for the 4th SIP is 20th January 2016 to 16th February 2016]

Attach

Recent Passport
Size photograph

PERSONAL PARTICULARS

- (i) Name (as in Passport in **BLOCK** letters)

(Surname) (First Name) (Middle Name)
- (ii) Gender Male/Female
- (iii) Date of birth (dd/mm/yyyy) (iv) Place of birth-----
(City)_____ (Country)_____
- (v) Nationality ----- (vi) Domicile -----
(Country where you live in permanently)
- (vii) Marital status -----
- (viii) Passport Particulars:
Passport No. -----
Place of Issue -----
(City) ----- (Country)
Date of Issue -----
(dd/mm/yyyy)
Date of Expiry -----
(dd/mm/yyyy)
- (ix) Telephone number: Work -----
(With country and city code) Residence-----
Mobile/Cell -----
Fax Number -----
(With country and city code)
E-mail Address -----
- (x) Complete mailing address with Post Code

- (xi) Permanent home address with Post Code
- (xii) Name, address (if available) and your relationship with your ancestor who migrated from India:
 (a) Name
 (b) Last known address

 (c) Your relationship with him/her
 (d) The year when he/she migrated from India, if known
- (xiii) Particulars in respect of your closest relative in India:
 (a) Name
 (b) Present address

 (c) Your relationship with him/her
 (d) Contact telephone numbers with city code

EDUCATIONAL AND PROFESSIONAL PARTICULARS

1. Educational qualification

- (i) Graduate / Undergraduate
- (ii) State the name and address of the College/University from where you completed graduation or under-graduation or are doing or have joined for under graduation/graduation.
- (iii) Subjects of study
- (iv) Medium of instruction

2. Qualification in English language

3. Details of Occupation/employment:

S.N.	Organization/Office/Firm (Name and address)	Position held	Period	
			From	To

4. Contact particulars of the present employer:
- | | | |
|------------------------------|-------------|-------|
| Telephone number: | Work | ----- |
| (With country and city code) | Mobile/Cell | ----- |
| Fax Number | | ----- |
| (With country and city code) | | |
| E-mail Address | | ----- |

5. Personal Achievements, If any
-
-

OTHER DETAILS

1. Details of Community Activities, if undertaken:
2. Are you a member of any Overseas Indian Association/Organization? If yes, give its name and address
3. How did you come to know about the SIP? (Through an Indian Diplomatic Mission/Post, Media advertisement, or others- to be specified)
4. Have you participated in a previous Know India Programme (KIP) or Internship Programme for Diaspora Youth (IPDY) or SIP? If yes, provide details. Yes/No
5. Have you visited India earlier? Yes/No
If yes, please provide details of your last two visits including the month and year of the visit, places visited and the purpose for your visit.
6. Has any sibling/relative of yours attended KIP/IPDY/SIP before Yes/No
7. Please state (in 250 to 300 words) why you wish to take part in the Study India Programme and what you expect to gain?

DECLARATION

I, hereby, declare that all the information given in this Application Form are true and correct to the best of my information and belief.

I also declare that I will abide by the regulations of the Study India Programme, would offer my full cooperation in its smooth conduct, and would not leave it mid-way.

I understand that if I am found guilty of any misconduct or indiscipline during the course of the Programme, I could be refused any further participation in the said SIP or participation in any future SIP and that I would not be eligible for reimbursement of the 90% of the return international airfare from my country of residence to India. The said reimbursement of 90% of the international airfare would also not be made to me if I leave the Programme mid-way.

(Signature of the applicant)
Name of the applicant

Date:

ENDORSEMENT OF THE CONCERNED INDIAN MISSION/POST

Name of Indian Mission/Post:

Recommendations of the Head of Mission/Post

Signature of HOM/HOP _____

Name of the HOM/HOP _____

Office Seal

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:	
(viii) Blood Sugar:	(Pre-prandial) (Peak post- prandial)

1. Is the person examined in good health at present?	
2. Is the person examined physically and mentally fit to carry out intensive training away from home?	
3. Is the person free of infectious diseases (tuberculosis, trachoma, skin diseases etc.)?	
4. Has the person taken Yellow Fever inoculation (in case of people coming from Yellow Fever region or as laid out in WHO Regulations)? Yellow Fever Certificate is mandatory.	
5. Does the person examined have any chronic ailment which may require regular treatment/ medication during the course?	
6. List of any observed abnormalities indicated in the chest X ray.	
7. Does the person require any special assistance to carry out his daily activities? If yes, please specify.	

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: _____

City / Town : _____

Telephone : _____

E mail: _____

Date: _____

Signature of Doctor/Physician: _____ Seal of Clinic/Hospital: _____

Check-list for Study India Programme (SIP) application form

Enclose the following documents with the SIP application:

1) Recent passport size photograph of the applicant should be pasted in the box provided on the application form. (Inkjet / Laser printout on normal paper should not be used for the photo).

2) Proof of completion of Bachelor degree. If the applicant is yet to complete the Bachelor degree, then proof of pursuing Bachelor degree should be enclosed.

3) Photocopy of latest Malaysian passport. If the applicant does not have a passport yet, the photocopy of their Malaysian Identity Card (IC) should be enclosed.