

**Government of India  
Ministry of External Affairs  
New Delhi**

**M.Sc & PhD program of Agriculture Fellowship for African nationals  
under IAFS-III**

(Application for the courses is fully funded by the Ministry of External Affairs, Government of India) (Please read instructions carefully before applying)

**APPLICATION FORM**

<b>Reference No:</b> (For official use)	<b>Received on:</b> (For official use)
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**PLEASE ATTACH A  
RECENT  
PASSPORTSIZE  
PHOTOGRAPH  
(3x4)**

**NOTE:** It is important to answer all the questions clearly, fully and accurately. Failure to do so may delay consideration of your application.

**Please complete the form in BLOCK CAPITALS**

**1. PERSONAL DETAILS**

**FAMILY NAME** (Mr./Mrs./Miss)

**FIRST NAME**

**DATE OF BIRTH**

Day / Month/ Year

**GENDER**

M ☐ F ☐

**PLACE OF BIRTH (COUNTRY)**

**PRESENT NATIONALITY**

**PERMANENT ADDRESS**

<i>Address:</i>	
<i>City:</i>	
<i>Country:</i>	
<i>Phone:</i>	<i>Fax :</i>
<i>Mobile :</i>	
<i>E-mail:</i>	

**Passport Details**

Passport No	Place of Issue
Date of Issue	Date of Expiry

<b>Person(s) to be notified in case of Emergency</b>		
	Official Contact	Personal / Family Contact
Name:		
Address:		
Tel Nos.		
Mobile/Cell:		
Fax:		
E-mail:		

**2. PROGRAMME OF STUDY****Highest Education Level attained:**Bachelor ☐Masters ☐PhD ☐Degree Applied for: Masters ☐ PhD ☐**Subject of Study/Discipline:**

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**State in order of Preference, the Universities/Institutes in India in which you seek admission (Name of University; Address; City) Attach admission letter, if any**


### 3. EDUCATION

Please attach copies of your degree certificates or diplomas. Originals will be required if you are short listed.

Name of University City, Country	Duration From month/year To month/year	Degree Obtained	Major field of study	Grade/Class of grade

### 4. ACADEMIC PRIZES AND DISTINCTIONS

List any awards/commendations for outstanding achievement in academic scholarship, or professional or community service (Attach award letter)


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

	Good	Basic	Remarks
Spoken			
Written			

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

English Language test administered by:

Name & Address: \_\_\_\_\_

\_\_\_\_\_

Tel. Number: \_\_\_\_\_ E-mail: \_\_\_\_\_

Signature with Date: \_\_\_\_\_

**6. RESEARCH INTERESTS AND ACHIEVEMENTS**

List relevant documents, reports, and articles you have published (Attach copy of title/ first page)


## 7 EMPLOYMENT RECORD

(Starting with your most recent position)

Name and address of employer	Period of employment From <i>month/year</i> To <i>month/year</i>	Exact title of position occupied	Describe concisely your duties

## 8. REFERENCES

FULL NAME, TITLE, POSITION	HOW ARE YOU KNOWN TO THE PERSON?	<i>Phone, E-mail</i>

## 9. Please describe

(a) qualification/experience in the related program applied for; and

(b) reason(s) for applying for this program

## 10. COMMITMENT OF POST-GRADUATION

Are you willing to return to your country after completion of study in India and be committed to work in an African Union member state for at least three years?

Yes ☐

No ☐

## 11. DECLARATION

I certify that the statement made by me in answering the foregoing questions are true, complete and correct to the best of my knowledge and belief. I understand that any misrepresentation or omission of material information made in this form will invalidate my application or may render me liable for termination after selection. I also understand that it may equally provide ground for withdrawal of any offer of a scholarship award or for its immediate cancellation if offer has already been accepted.

Signature of applicant:

Date:

## 12. CHECKLIST

I have completed this Application Form in PDF format and enclosed the following documentary evidence in three (3) sets of hard copies and I will send to the Commission of the African union by post.

BEFORE SENDING YOUR APPLICATION, PLEASE CHECK THAT EACH OF THE FOLLOWING COMPONENTS ARE COMPLETE	Yes	No
1. Application letter		
2. Copies of diplomas/degrees and academic transcripts		
3. Certified copies of the syllabus of courses covered in University/college attended		
4. Copy of admission letter from Indian university/institute (if any)		
5. A recent passport size photograph		
6. Copy of passport biometric pages (data page showing passport number, issue date and expiry date)		
7. Brief description of research project proposal with a maximum of 1000 words ( <u>only for PhD candidates</u> )		
8. Copy of award letter of outstanding achievement (if any)		
9. Copy of publications (first/title page only), if any		
10. Two (2) Reference Letters with contact addresses		
11. Summarized CV		

In addition, please scan and produce electronic copies of all the above documents (convert to PDF format) along with the Application Form and EXCEL Applicants' Data Sheet; and send to the Commission of the African Union by e-mail.

**Note:** Copies of all documents should be accompanied with English translations. Kindly note, that communication with Indian Universities is in English Language. Proficiency in English will be required of candidates whose earlier degrees are in languages, other than English language.

## 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:

(i) Name of Applicant:	
1. Is the person examined in good health at present?	
2. Is the person examined physically and mentally to carry out intensive training away from home?	
3. Is the person free of infectious diseases (HIV/AIDS, 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 \_\_\_\_\_

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 pre-requisites.
- ☐ 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 Home 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

I, \_\_\_\_\_

(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 the 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 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:

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.

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 the nominee is other than fit to undertake the journey to India and to undergo training in India.

The nominee has adequate knowledge of spoken and written English to enable him/her to follow the course of training for which he/she is being nominated.

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

Name of Nominating Authority:

Designation:

Address:

Date:

Place:

Signature

(With seal)

Name and Designation

(in block letters)

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