

APPLICATION FORM UNDER INDIA, AID  
(COLOMBO PLAN FOR TECHNICAL CO-OPERATION)

APPLICATION FOR A TRAINING AWARD

By the Government of .....

The requisite number of copies of this application should be duly endorsed by the appropriate Foreign Aid Department of the requesting Government and forwarded to the donor Government concerned through the appropriate channels. Simultaneously a copy should be sent to the Colombo Plan Bureau, P. O. Box 596, Colombo 4, Sri Lanka.

Please affix your recent photograph

For a course of training : (Give details of training required and specify the country of training could be the country requested to finance the training of a third country). The

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**PART A**      Details of the candidate ( to be completed by the candidate)  
PLEASE USE CAPITAL LETTERS THROUGHOUT IN NOT TYPE WRITTEN

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1.      Full Name (in normal order) :

State the name by which you wish to be addressed in official correspondence :

2.	Date of Birth	*Male/Female *Married/Single	If married, state number and ages of dependant children	Nationality	Religion						
<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 33%; text-align: center;">Day</td> <td style="width: 33%; text-align: center;">Month</td> <td style="width: 33%; text-align: center;">Year</td> </tr> <tr> <td style="height: 40px;"></td> <td></td> <td></td> </tr> </table>		Day	Month	Year							
Day	Month	Year									

\* Delete whichever is inapplicable

3. Full Postal Address :

(a) Home Address

Telephone Number

(b) Official Address

Telephone Number

Cable Address

4. Name and Address of person to be notified in an emergency :

Telephone Number

Relationship of this person to candidate :

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5. Educational Record (Secondary and Tertiary only) :

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Educational Institution	Location	Year attended		*Degrees, diplomas and certificates (if any) and subjects studied	Special fields of study
		From	To		

If post-graduate training or a research attachment is required, documentation must be attached showing the following details of the first degree : (a) subjects studied and time allocated per subject (b) marks obtained (where appropriate) and grades or class of degree obtained.

If academic training is required, please give names and addresses of two academic referees :

Name:

Name:

Address:

Address:

Present Address :

Present Address

6. Employment Record:

Titles of Posts held	Date of service	Name & Address of Employer	Type of Organisation (indicate whether public/private/joint enterprise)	Brief description of your duties indicating personal responsibilities
Present Post				

Last two  
Posts  
(a)

(b)

PART B. Statement and Declaration by the Candidate:

1. Statement by the candidate (one copy in his own handwriting). Great care should be taken in completing this section it will influence the nature of the training to be provided if the application is accepted; you should consult your Head of Department about its completion).
  - (a) Give a brief description of the work of your Ministry / Department or organization and the service it provides :

(b) Describe your own job :

(c) What work do you expect to be doing on your return home after training?

(d) How will training in ..... (country) be of benefit to you in carrying out the job you will be doing on your return?

2. Declaration to be completed and signed by the candidate.

..... of .....  
(in capital letter, in normal order) (country)

If accepted for a training award I agree:

- (a) to carry out such instructions and abide by such conditions as may be stipulated by both the nominating Government and the .....Government in respect of this court of training ;
- (b) to follow the course of study or training and abide by the rules of the university or other institution or establishments at which I undertake to study or train;

- (c) to refrain from engaging in political activities;
- (d) to declare to the .....Government any monies I am offered or paid during my training and undertake not to accept any paid without the consent of the Government;
- (e) if I am in default of condition (d) in any way, to refund to the .....Government the whole or such part as may be required, of any maintenance grant paid to me when called upon to do so.
- (f) to assist with such evaluation procedures as may be required;
- (g) to return to .....(country) as soon as my award ceases:
- (h) I fully understand the grant of a training award may be subsequently withdrawn if I fail to make adequate progress or for other cause as decided by the nominating Government in consultation with the .....Government.

Signature of candidate.....Date : .....

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**PART C. Statement by candidate's Director or Head of Department on the kind of training required :**

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1. Why does your department want this training to be provided?
  
2. How is this purpose related to the programme of activities of your organization.

Why is it desired that this training should be undertaken in .....(country) rather than locally? If it is related to other.....(country) capital or technical assistance projects please give details :

- (a) In what way is this candidate currently regarded as in need of training/study for the performance of his/her duties? (If the candidate's post on return will be different from his/her present post please give details):

- (b) Are there any special subjects or skills which it is particularly important that the training should cover?

Have any other members of your department undergone the same kind of training in .....?. If so, please give names and dates and indicate whether the training should in any way be different for this candidate:

Any other comments, Note : if the candidate will be trained on special equipment (especially medical) please indicate whether it will be available for his/her use on return:

7. Training required :

- (a) Subjects in which training is required :

- (b) Type of training required : i.e. formal course, practical training, observation tour or research (please give details). If more than one type of training is required, indicate the proportion of time to be spent on each :

- (c) If practical training is requested, in what type of organization should this be obtained?

(d) Are there any local or regional facilities for this type of training?

(e) If not, are there proposals for establishing this type of training in your country or in the region? If so, please give details and likely date of establishment :

8. (a) The standard or level at which training is to commence. (If the course required appears in any compendium of training courses, the compendium reference number and the name of the course should be given):

(i) First Degree or appropriate level :

(ii) Post-graduate, e.g. M.Sc. or Diploma :

(iii) Other :

(b) The length of training required :

(c) (i) Approximate date from which training is required :

(ii) Notice required before candidate can be released from post to come to .....for training:

(d) Please give details, or otherwise write 'non'

(i) of any previous technical assistance award for training in .....  
not include in PART A, Question 5 :

(ii) of any other similar training the candidate has received outside his/her own country not included in PART A, Question 5.

(iii) of any approach to a training establishment in ..... by or on behalf of the candidate :

(iv) of any other application by or on behalf of the candidate for a training award from another source, e.g. the UN or other agencies :

Signature of Head of Department .....

Date

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PART D General Information and official Nomination (to be completed by an official of the nominating Government)

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1. Official Background Information :

Please comment on the answers in Part C and on the relationship of this request to the Government's plans for social and economic development :

2. Official Nomination :

(a) I certify that :

(i) I have examined the educational professional or other certificates quoted in part A of this form and I am satisfied that they are authentic and related to the candidate.

(ii) I approve the candidate's statement in Part B.

(iii) The candidate has a knowledge of spoken and written English sufficient to enable him/her to follow the course of training for which he / she is nominated and to converse easily on everyday matters.

(b) (i) I attach an up-to-date medical report (within the last six months) showing that the candidate is considered fit to attend the proposed course of training in .....

◆ A further medical report will be forwarded should more than six months have elapsed by the time the offer of training is made.

◆ I also attach an up-to-date \*X-ray report / \*X-ray plate of the candidate's chest.

◆ An up-to-date \*X-ray report / X-ray plate of the candidate's chest will be forwarded when an offer of training is made.

◆ Medical documents including X-ray film and report will be supplied at a time to be determined/advised by the diplomatic mission of the country requested to finance the training.

\*Delete whichever is inapplicable depending on the requirements of the donor Government concerned.

(ii) I nominate him/her accordingly on behalf of the Government of .....

Signed.....

Rank or Title.....

Date.....