

CENTRE FOR SPACE SCIENCE AND TECHNOLOGY EDUCATION IN ASIA AND THE PACIFIC

(Affiliated to the United Nations)

APPLICATION FORM FOR 11th POST GRADUATE COURSE IN SPACE AND ATMOSPHERIC SCIENCE

Duration: 9 Months (August 1, 2018 - April 30, 2019)

Venue: Physical Research Laboratory, Ahmedabad, India

AFFIX

PASSPORT SIZE

PHOTOGRAPH

HERE

Last date for receipt of application: March 1, 2018

SAS-11

(For office use only)

Application No…………

Date Received…………

Important:

All the correspondence from CSSTEAP (issue of admission letter, e-tickets for travel, enquiries, etc) with the applicants will be on internet and sometimes on phone (Home/ Office), therefore kindly ensure that email-id, phone, fax, etc, are correctly and clearly mentioned.

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(PLEASE TYPE OR USE BLOCK CAPITALS)

(Name: (As mentioned in the passport)

Dr./Mr./Ms./ ..........................................................................................................................................................................

First Middle Last

|  |  |
| --- | --- |
| 2. Father’s Name............................................ | 3. Name of mother/husband/wife............................................ |
| 4. Date of Birth (DD/MM/YYYY)­................................. | 5. Place of Birth­........................................................................­ |
| 6. Gender (Male/Female) ­.................................. | 7. Nationality­.................................. |

8. Contact Information: Present official Address (Valid until date................……….)

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Contact number (Please give complete Phone no. with country and city codes)

Office (Tel) ………...........................……………..……Office (Fax)……………..………………………..…………………..

Mobile:………………….................……………………….. E-mail ………………………………………………….................

Important

1. Interested persons may detach last 4 pages from this brochure and use them as Application Form.
2. It is essential that full passport details are mentioned in the Application Form. Application Forms without passport details may not be considered.
3. Providing alternate email-id, phone would ensure timely communication with applicants, specially during urgency/emergency.
4. For faster communication with the applicants CSSTEAP Secretariat will be using your email-id for all purposes (e.g. Admission letter, air tickets and logistic arrangements).

9. Your permanent home address in your country/ contact details …………………………………………………………………………………………………………………………………………………………………………………………………

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⮚Contact number (Please give complete phone no. with country, city codes)

Home (Tel): ……………………………………………….. Home (Fax): : ………………………………………………..

Email (alternate preferably Gmail or Yahoo): : ………………………………………………..

10. Nearest International airport (Specify the place/city): : ………………………………………………..

11. Academic Qualifications (mandatory)\*

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| Degrees(Bachelor  /Master) /Diploma | Duration of Course(mention from which year to year) | University/ Institution | Year of passing | Grade/ percentage | Major Subjects/ specialization |
|  |  |  |  |  |  |
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|  |  |  |  |  |  |

\*(Enclose copies of Degree/Diploma/Certificates/marks/grades obtained etc. and their certified transcription in English)

⮚Major Subjects in Last Examination: : ……………………………………………. ……….⮚Area of Specialization:----------------------

⮚Medium of instruction/language: ……………………………………………………………. ⮚TOEFL Score (Proficiency in English): ----

Proficiency in English (please tick the option)

Reading : Fair/Good/Very Good

Writing : Fair/Good/Very Good

Spoken : Fair/Good/Very Good

Enclose certified copies of marks/grades of degree, diploma, TOEFL (validity period), etc certificates and their certified translations in English).

12. DETAILS OF EXPERIENCE AND EMPLOYMENT

⮚Present Position/ Designation: …………………………………………………………….

⮚Present Responsibilities: …………………………………………………………….………………………………………………………………………………………..

⮚Organization and complete Address: …………………………………………………………….……………………………………………………………………..

………………………………………………………………………………………………………………………………………………………………………………………………..

⮚Date of Joining this Organization (dd/mm/yyyy): …………………………………………………………….

\* If necessary, attach additional sheets giving details of your technical activity during last one year.

⮚Research or working Experience:

|  |  |  |  |
| --- | --- | --- | --- |
| Name of Organization (s) | Position(s)/ Post (s) held | Nature of work done | Duration |
|  |  |  |  |
|  |  |  |  |
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13. (a) Activities & Projects in which your present organization is engaged (mandatory) and nature of work done or will be done

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13. (b) Main technical/scientific facilities available in your organization \*(including approximate number and type of computers, type of software available etc.)

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14. Have you done any other course from CSSTEAP (If yes, please give details including theme and year):

…………………………………………………………………………………………………………………………………………………………………………………………………

15. How this Course will help you in your work/organization? Please describe below.

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16. DETAILS OF PASSPORT: Please provide valid passport details below and if not holding a valid passport , please fprward copy of the passport whenever available.

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| --- | --- | --- | --- | --- | --- |
| Passport Number | Place of Issue (City and Country) | Date of issue | Passport valid up to | Issuing Authority | Whether previously visited India if so  place and date of last visit |
|  |  |  |  |  |  |

17. Physical Fitness:

(a) Are you suffering from any recurring/chronic/serious communicable disease which may affect your study program in India?

(b) If yes, please specify nature of illness (Candidates are advised to attach medical fitness certificate from a government hospital or government recognized hospital on hospital letterhead for HIV, yellow fever, complete blood test, urine test, blood group, migraine, dental infection, for T.B. chest X-ray, etc.)

…………………………………………………………………………………………………………………………………………………………………………………………………

(c) If necessary, the candidate may be asked to undergo necessary medical tests on arrival, and if found medically unfit then he/she will be asked to return to his/her country and the cost of travel will have to be paid either by the sponsoring/nominating organization or by the candidate.

18. How do you propose to meet the international travel & stay expenses in India? (Preference will be given to those who will make their own travel arrangement)

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19. Declaration by the candidate

I have read the Announcement brochure and will abide by the rules and regulations of the Centre. I have made / am making/have not made travel arrangements for attending the Course, and for local expenses for the period of stay in India.

Date:

Place: Signature of the candidate

20. SPONSORING / NOMINATING AGENCY CERTIFICATE

Mr;/Ms …………………………………………………………………………………….…………………… working in this organization is sponsored (partly or fully) by……………………………………….……………………………… (Ministry/ Department) to attend the 11th Post Graduate Course in Space and Atmospheric Science, to be held at Physical Research Laboratory, Ahmedabad, India during August 1 , 2018 - April 30, 2019. We envisage to utilize his/her experience in specific tasks of our organization/agency. The candidate will be allowed to carry out a Research Project for a period of one year after his/her return to this country and will be provided with all the facilities required for the same.

|  |  |  |
| --- | --- | --- |
| (a) He/She will be / will not be provided international travel support. |  | Mandatory:  Please tick appropriate option. |
| (b) He/She will be/will not be provided financial assistance for the period of stay in India. |  |
| (c) He/She possesses adequate knowledge of English Language required by the course |  |

Date:…………… Signature:

Place:…………… Name in Capital Letters:

Designation:

Phone /Fax No:

E-mail:

(Official seal of the sponsoring / nominating authority including CSSTEAP GB member)

Note: Application without official seal of sponsoring or nominating authority and their details will not be considered

(21) FORWARDING NOTE EITHER BY THE RESPECTIVE INDIAN EMBASSY/HIGH COMMISION IN YOUR COUNTRY OR YOUR EMBASSY/HIGH COMMISION IN INDIA

This is to forward the application of Mr./Ms……………………………………………..…………………………..…………of ……………………………………………….…..…………(specify the country name here) for the 9 months Post Graduate Course in Space and Atmospheric Sciences of CSSTEAP, to be held at Physical Research Laboratory, *A*hmedabad , India, during August 1, 2018 to April 30, 2019.

Date:…………… Signature:

Place:…………… Name:

Designation:

Phone/Fax No:

E-mail:

(Official Seal of the Embassy/High Commission of India)

N.B. Please send an advance copy of the application form duly signed by the nominating or sponsoring agency to

*Prof. J. Banerji, Course Director, Space and Atmospheric Science, Room # 762, Physical Research laboratory, Navrangpura, Ahmedabad 380 009, India* by fax (+91-79-2631-4900) or scanned copy via email ([uncsc@prl.res.in](mailto:uncsc@prl.res.in) or [jay@prl.res.in](mailto:jay@prl.res.in)) for quick processing. Original copy to be sent through Indian Embassy/High Commission of your country after being duly signed by the nominating or sponsoring authority.

IMPORTANT

* The Application which is not complete in all respects is likely to be rejected.
* Candidates must attach copies of certificates of:
  + Medical fitness to attend the course including Chest X-ray (PA), Blood Test (including Random Blood Sugar, HIV, HBs, Ag), Urine complete (in case any medical information requiring attention is hidden and if found during the course, the centre will be compelled to send the candidate back home.
  + Highest degree obtained (Degree certificate and marks sheet/grade card)
  + Proof of Proficiency in English or certificate by the nominating agency needs to be provided.
  + All Degree Certificates, if not in English, may please be translated in English and attested by the Head of the organization or transcript in English can also be submitted.
* Expectant mothers are advised not to apply for the course.
* Smoking and consuming alcoholic drinks in class room and office campus is prohibited.