

**FOREIGN SERVICE INSTITUTE  
MINISTRY OF EXTERNAL AFFAIRS  
GOVERNMENT OF INDIA**

APPLICATION FORM FOR 58<sup>th</sup> Professional Course for Foreign Diplomats (PCFD)

(3<sup>RD</sup> OCT-1<sup>ST</sup> NOV, 2013)

Paste  
Your  
Photograph  
Here.

Name of the Candidate's Country \_\_\_\_\_

Number of the Course 58th Professional Course for Foreign Diplomats.

Commencing from 3<sup>rd</sup> October, 2013

**PART I**

*(To be completed by the Nominee)*

**1. (Personal Particulars of the Nominee)**

a. Name \_\_\_\_\_

b. Surname, If any \_\_\_\_\_

c. Male/Female \_\_\_\_\_ d. Marital Status \_\_\_\_\_

e. Date of Birth \_\_\_\_\_

f. Nationality \_\_\_\_\_ g. Vegetarian/Non-vegetarian \_\_\_\_\_

h. Postal Address \_\_\_\_\_  
\_\_\_\_\_

i. Designation \_\_\_\_\_

j. E-mail address \_\_\_\_\_

k. Contact No. \_\_\_\_\_

**2. Educational Qualifications:**

Particulars of Degree/Diploma	Year	Name of Educational Institute	Location

**3. Details of any other professional qualifications which the applicant possess:**


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**4. Employment Record (to be filled in detail):**

Particulars of Previous Positions held in Diplomatic Service	Duration From		Nature of Work
	From (Month & Year)	To (Month & Year)	

**5. Details of Professional Courses attended, if any, outside your country:**

Name of the Country	Name of Course and its duration	Year

**6. First language (mother tongue):** \_\_\_\_\_

**7. Health & Medical Record**

(a) Allergies or Reaction to:

Do you have any allergies or reaction for any of the following

Medication : \_\_\_\_\_

Food : \_\_\_\_\_

Plants / insect bites  
: \_\_\_\_\_

(b) Medication:

List all medication currently used. Inhalers must be included, even if they are for occasional or emergency use only. {If additional space is needed, please use additional page(s)}

Medication_____	Medication_____
Strength_____Frequency_____	Strength_____Frequency_____
Reason for medication_____	Reason for medication_____
_____	_____

**8. In case of emergency, notify:**

Full Name : \_\_\_\_\_

Relationship : \_\_\_\_\_

Address : \_\_\_\_\_  
\_\_\_\_\_

Phone Number : \_\_\_\_\_

E-mail : \_\_\_\_\_

9. Previous stay in India :

- (a) Have you studied in India ?
- (b) Have you been posted to India?
- (c) Do you expect to be posted to India for your next assignment?
- (d) Have you visited India? If yes, Please give the following details:

Place of Visit	Period of Visit From -----to-----	Purpose of Visit	Any grant / Award received

10. Please state, in about 500 words, in your view how participation in this Course will benefit you professionally. (Please attach a separate sheet)

## PART II

*(To be completed by the Authorised Official of the Nominating Government)*

I, on behalf of the Government of \_\_\_\_\_, certify that

- α. 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;*
- β. In my opinion, the nominee has the aptitude to benefit from the Course as well as serve as an effective and a useful member of a multi-cultural and multinational group;*
- χ. The nominee has knowledge of spoken and written English sufficient to enable him/her to participate in the Course;*
- δ. I have examined the medical certificates and x-ray reports which certify that the nominee is medically fit and free from any infectious disease and that having regard to his physical and mental history, I am of the view that he/she is fit to undertake the journey to India.*

I hereby nominate him accordingly on behalf of the Government of \_\_\_\_\_  
(Name of the Government)

Dated :

(Signed)\_\_\_\_\_

(Seal of Office)\_\_\_\_\_

DECLARATION

**Please sign the following declaration:**

I \_\_\_\_\_

(USE BLOCK LETTERS, SURNAME LAST)

of \_\_\_\_\_ accepted for the 58<sup>th</sup> Professional Course for Foreign Diplomats (PCFD)

(NAME OF THE COUNTRY)

hereby, undertake to: -

- a. carry out such instructions and abide by such conditions as may be stipulated by the Foreign Service Institute;*
- b. learn and participate intensively.*
- c. adhere to the course of study or training and abide by the rules of the Institute;*
- d. submit myself to test / evaluation , if any, conducted by the Institute.*
- e. accept boarding / lodging / transportation arrangements made by the Institute.*
- f. I do not have any health problem and am mentally and physically fit to successfully undergo a training course abroad for two weeks.*
- g. I do not have any pre-existing disease which will require medical attention till the completion of the course.*
- h. I undertake to complete the course and not to leave it before its completion.*

Date:

Signature of the Nominee:

Place:

**PARTICULARS OF NOMINEE***(To be filled in by the Indian Mission)*

1. Name &amp; Designation of the Nominee: \_\_\_\_\_

2. Name of the Parent Department: \_\_\_\_\_

3. Permanent Address: \_\_\_\_\_  
\_\_\_\_\_4. Number of the PCFD Course Applied: \_\_\_\_\_ 3<sup>rd</sup> Special Course for IOR-ARC Diplomats

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: \_\_\_\_\_

Email: \_\_\_\_\_

Signature with date: \_\_\_\_\_

It is certified that the nominee, a member of the diplomatic service, has been examined and I have found him/her to be fluent in both oral and written English. In my considered opinion, the nominee has the requisite qualifications to benefit from participation in the above mentioned Course.

DATE

SIGNATURE

STATION



Note: Indian Missions must satisfy themselves, before forwarding the nomination forms, that:

- a. *The nominee has not availed of the Course earlier;*
- b. *The nominee is a member of the diplomatic service and has the aptitude to benefit from such programme;*
- c. *The nominee must be fluent in both oral and written English; if necessary, an English test/ interview may be conducted by the mission before forwarding the nominations.*
- d. *The forms are complete in all respects, as otherwise the nomination may not be accepted;*
- e. *The forms, complete in all respects, must reach the Mission before the last date of application, failing which the nomination may be rejected by the Mission at its end.*
- f. *Candidates who leave the course before its completion for personal reasons without prior permission of the Foreign Service Institute or remain absent from the programme without sufficient reasons are expected to refund the cost of training and airfare to Government of India.*

### MEDICAL REPORT

<b>(To be certified by a doctor/hospital on the panel of the Indian Mission, UN Mission, if any or as designated by Indian Mission or a government hospital)</b>
(i) Name of Applicant:
(ii) Age:
(iii) Sex: (Male / Female)
(iv) Height (cm):
(v) Weight (kg):
(vi) Blood Group:
(vii) Blood Pressure:

1. Is the person examined in good health at present?	
2. Is the person examined physically and mentally able to carry out intensive training away from home?	
3. Is the person free of infectious diseases (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 has any medical condition which might require treatment or medical intervention/attention during the course?	
5. List of any observed abnormalities indicated in the chest X ray.	
6. The person is not pregnant/in a family way (in case of female candidates only)	

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: \_\_\_\_\_

