

INDIAN COUNCIL FOR CULTURAL RELATIONS
AZAD BHAVAN, 1 P ESTATE, NEW DELHI - 110002.

Self attested

APPLICATION FORM
(To be submitted by 10th December, 2018)

Note: **It is compulsory to fill up all columns neat and clean with Postal address as well as Tele./ Mob. and e-Mail address.**

1. Name in Full (in Capital Letters) _____
(Surname) (Other name in full)
2. Sex ____ (Male/Female) 3. Address (Only postal) _____

4. E-Mail _____ Tel:/Mob: _____
5. Nationality _____ Date of Birth _____ Passport No. _____
Date & Place of Issue _____ Date of first arrival in India _____
Present course of study _____ Year/s Semester of Study. _____
6. Name of the University/Institute _____
7. Scholarship holders please state the scheme of scholarship or fellowship awarded with year of joining the university/Institute

8. I wish to join (Tick one)
(a) Kerala
(b) Karnataka
9. Have you attended any Camp organized by ICCR earlier (Yes/No)
10. If yes, places visited _____ year and duration
from _____ to _____.
11. I hereby confirm that all the information provided by me in this form is correct (please write YES to agree) _____
12. I undertake to maintain discipline, follow all instructions given by the Camp Officer and not take any action which will violate the discipline or order of the camp (please write YES to agree) _____

13. If I fail to abide by undertaking given by me in para 12, 13 above, I understand that the Camp Officer can rusticate me and I will leave the Camp immediately, and that in such circumstances I will have to make my own arrangements for return journey and would not be eligible for refund of the camp Fee. (please write YES to agree) _____
14. Please provide medical history if any _____

15. Are you allergic, if yes then to what _____
16. Are you a vegetarian / non- vegetarian/ vegan _____

(Please note that food menu will be pre-planned and it will not be compulsory for the management to serve you food out of personal demand/s. Please note vegan food has to be arranged by student) (please write YES to agree) _____

(Signature of the Student)

This is to certify that Mr./Miss/Mrs. _____ is a bonafide student of _____. (Name of the Institute) since _____ and he / she has obtained no objection from Department / University / Institute for joining the camp during the period mentioned above.

**Signature with seal
Head of the Institution/ ISA**