F. No. 12-1/2016-ES.3

Ministry of Human Resource Development (Department of Higher Education)

ES.4 Section

External Scholarship Division, West Block-1, 2nd Floor, Wing-6, R. K. Puram, New Delhi-110066.

Dated the 18th September, 2017

Subject: Israel Government Scholarship for the academic year 2017-18: list of selected candidates- reg.

The following candidates have been finally selected by the Government of the State of Israel for 'Israel Government Scholarship for the academic year 2017-18'.

Sl. No.	Name of the Selected candidates
1	Mr. Raja Amir Hassan Kuchay
2	Mr. Aakash Ashok Kamble
3	Mr. Ashesh Mahato

The selected candidates are required to complete the formalities (mentioned at page 2-3) with the Ministry of Human Resource Development as a token of acceptance of the award of scholarship.

Under Secretary (Scholarship)

Tele: 011 26172917

No.F.12-1/2016 - ES.3

Government of India

Ministry of Human Resource Development

Department of Higher Education (Scholarship Division)

West Block-1, wing-6, 2nd Floor, R.K. Puram, New Delhi-110066 Dated 18th September, 2017.

To,

The selected candidates (as per the list above).

Subject: Israel Government Scholarship 2017-18: Confirmation of Award-regarding.

Sir,

With reference to your application for the award of scholarship under the scheme mentioned above, the Government of India is pleased to inform you that you have been selected for the award of scholarship by the Government of Israel.

- 2. The cost of International travel from India to Israel and back, if any, will be borne by the scholar himself/herself.
- 3. The above offer is subject to the following conditions:-
- i) You have to submit an undertaking (in duplicate) (Annex-I) on stamp paper of Rs. 10/duly notarized by notary public,
- ii) Health Certificate (Annex-II),
- iii) Employer's undertaking (if employed) (Annex-III),
- 1v) A copy of placement letter.
- 4. You are requested to inform the Ministry, whether the offer of this scholarship on the conditions mentioned above is acceptable to you. If so, you should submit the above cited documents as early as possible. In no case, you should leave for Israel without submitting the above-mentioned documents.
- 5. You are advised to complete all arrangements for passport, visa, foreign exchange etc. You may apply to the Regional Passport Officer directly for issue of passport giving a reference of this letter.
- 6. You are also advised to take some money for incidental expenses. You may contact the authorized bank/agency in this connection.
- 7. Any request for change in the programme of study decided by Israel authorities will not be entertained.

- 8. You should inform the Embassy of Israel, New Delhi about the details of your travel immediately on finalization of your arrangements under intimation to this Ministry. On your arrival in Israel, you are requested to report personally to the Indian Mission there and submit the joining report in the enclosed Performa. You should keep the Indian Mission informed about your whereabouts. You are requested to route your correspondence with this Ministry through the Indian Mission there. No direct request of any kind will be entertained. In case of any difficulty, you are advised to seek the help of Indian Mission there.
- 9. Please submit your travel plan, photocopies of Air ticket, Passport & Visa to undersigned before leaving for Israel.
- 10. On return to India, please report your arrival to this Ministry (ES.3 Section) within two weeks of such return.

Yours faith fully,

(Ghanshyam)

Under Secretary to the Government of India

Tele: 011 26172917

Encls: As above

Copy to:-

1. The Embassy of India, Israel. (They are requested to forward the joining report of the scholar to the Ministry after he/she is admitted to the Institution.)

2. The Ministry of External Affairs, South Block, New Delhi-110011.

Under Secretary to the Government of India

Tele: 011 26172917

[On Rs.10/- non-judicial stamp-paper by the candidate duly notarized by notary public]

Scholarship under Educational Exchange Programme

Undertaking to be given by the candidate upon the award of		Gov	t. Scholars	ship, 20
tenable in				
Ι,		son/daug	hter/wife	of Shri
	resident	of (con	nplete per	manent
address)				
				· · ·
		· · · · · · · · · · · · · · · · · · ·		
	•		-	
and	pre	sently	residing	at
			·· - · · · · · · · · · · · · · · · · · · ·	
do	hereby	give	the fo	llowing
undertaking to the Government of India, Ministry of Human	Resource	e Develop	ment, Dep	artment
of Higher Education, External Scholarship Division, Wes	t Block-	l, Wing-6	, 2 nd Floo	r, R.K.
Puram, New Delhi - 110 066 upon the Grant of		_		
				for
research/study at	_			-
1. I shall devote my full time to the study/research scholarship and shall no do any other paid work or receive a from any other source during the tenure of this scholarship. I other than for which I have been awarded the Scholarship.	for which nother so	holarship t pursue aı	or any other	er grant
2. I shall abide by the instructions issued by the concregarding my studies/work.	erned au	thorities f	from time	to time
3. I shall not accept any honorarium or financial assista	nce from	any agenc	y or source	e.
4. I shall not discontinue my studies/work without comp	pleting its	tenure.		
5. I am in good health and fit to take up the study. I a treatment for any disease at present. I have been medically e Government of to pursue the studies. The Medical Certificate in original	nm not reexamined State/Un	ceiving co by a Med ion Territ	ical Office ory and fo	r of the ound fit
herewith to the Ministry of Human Resource Development				

- 6. If there is any adverse report from an authority either in respect of my studies or conduct or behaviour or if I absent myself from the studies for a considerable time, Government can cancel my scholarship and also recover the amounts already spent on me. I am also aware that if my health does not allow me to pursue the studies, the Government can cancel my scholarship.
- 7. I have read the terms and conditions governing this scholarship and I shall abide by the same. In case of breach of any term or condition by me, the Government can cancel my scholarship and also recover from me the amounts already spent on me.
- 8. I shall continue to remain in touch with the Indian Mission abroad & Ministry of Human Resource Development (External Scholarship Division) during my studies and in particular, shall keep it informed of:
 - (a) any change in my address even if only temporary;
 - (b) any injury, illness, loss or damage which I may suffer to my person or property;
 - (c) any legal action whether civil or criminal, actual or threatened, in which I may become involved.
- 9. I shall not engage in any activity of public nature likely to affect my studies adversely.
- 10. I shall, on my return from abroad, submit to the Government of India the report about my stay and completion of the course attended.
- 11. I shall not join any permanent job/employment in donor country during the scholarship period.
- 12. I shall avail the scholarship from the country when the same has been arranged by the Government on my acceptance of the scholarship.

13.	I	shall	return	to	India	within	60	days	after		course/scholarship under ship/Fellowship Plan.
											Signature of Applicant
Date:				_	_						
Place:											

CERTIFICATE OF HEALTH

Name of the scheme and The country of study Place of Examination

Date of Examination

I certify that on the above

date I examined:

Name & Address of

Age

Sex

I examined specifically for evidence of any of the following conditions:-

CLASS A

TUBERCLOSIS

(in any form)

LEPORSY

(Hansen's disease)

DANGEROUS CONTAGIOUS DISEASE

Actinomycosis

GrabnulomaInguinala

Ringworm of Scalp

Amoebiasis

Keratoconjunctivitis

Schistosomiasis

Blastomycois

Infections

Syphilis

Chancroid

Leishmaniasis

Infectious stage.

Favus

Lymphegranuloma

Trachoma

Filariasis

Mycetoma

Trypanosomisis

Gonorrhea

Paragnimiasis

Yaws

MENTAL CONDITIONS;

Feeble-mindedness

Previous occurrence

Mental defect

(Mental Deficiency)

of one or more

Insanity

attacks of insanity
Psychopathic personality

Chronic

Cardiovascular

Epilepsy (Idiopathic)

Alcoholium

Gynaecological

CLASS 'B'

""'ty serious in degree of permanent in nature amounting to a substantial departure from Normal Physical well-being.

CLASS 'C'

Minor conditions

Check No.(1) below or complete No.(2):	
 My examination including the X-ray and other (1) No defect, disease or disability, (2) Defect, disease or disability or profollow(given Class 'Á' 'B' or 'C 	revious occurrence of one or more attacks or insanity as c' diagnosis, and pertinent details).
Chest X-Ray Report	from Dr
Blood Serological Report	from Dr
Urinalysis Report	from Dr
SUMMARY:	
I believe this applicant is/is not physically abl work in a College/University or Industry in	le to carry on a full course of study/training involving long hours of(Name of the country).
Date	
Signature Signature of the	
Candidate	Address:
Date Official Stamp:	
This Certificate should be either from Surgeon/ commissioned Medical Officer in the Institution (in the case of Madras State Govern	m a Civil surgeon /staff surgeon/ District Medical officer/ Presidency he Army Medical Corps Honorary Surgeon employed in any Medical

EMPLOYER'S UNDERTAKING

\	We,	the	employers	of	Sh./Smt./Km./Dr.
who is v		9s		(name	of the organization) are
aware 1	that Sh.	/Smt./Km./Dr		has bee	n awarded the Israel
Governn	ment Sch	olarship 2017-18 ar	nd undertake to grant	him/her leave o	n his/her request from
	to	and for th	e further extended peri	od of scholarship	as per the policy of the
organiza	ation.				
					(Signature)
				Name	
				Designation	1
			Full a	ddress of the emp	oloyer with rubber stamp
Station:		············			
Dated:					

JOINING REPORT

Note: This report must be filled by you in duplicate and submitted through your Supervisor to the Indian Embassy/High Commission immediately after your joining the Institution. In case of any extension of duration of study period in future, prior approval of this Ministry must be obtained.

1. 2.	Name of scholar (in capital letters) Mailing Address:	:
	(a) Present Address (abroad)	· · · · · · · · · · · · · · · · · · ·
	(b) Permanent Address (India)	:
3.	Name of the scholarship scheme	·
4.	Year of selection	<u> </u>
5.	Date of leaving (India)	:
6.	Passport Number	:
7.	Date of arrival (donor country)	· · · · · · · · · · · · · · · · · · ·
8.	Date of joining the Institution	:
9. 10.	Course of Studies /Level of Course Address of the Institution (in full for	1
	Correspondence purpose along with Phone/Fax/E-mail etc.)	:
		<u> </u>
11.	Degree, if any, to be obtained.	:
12.	at the end of the course Practical Training, if any, to be part	:
	of the course.	<u> </u>
13.	Duration of the Course	:
		(0)4 (4) (4) (4)
Date:		(Signature of the Scholar)
Remarl	ks, if any, of the Supervising Authority	
Date:	ding remarks of the Office of the High Cor	(Signature of the supervising authority)
i oi war	ung remarks of the Office of the High Cor	mmission / Embassy:
Date:		(Signature of the forwarding Officer)