

## AARDO-ITEC PROFORMA

Name of Training Course :  
Duration :  
Venue :

**(TO BE FILLED DULY TYPED / COMPUTER PRINT)**

Title	Mr. / Ms. / Mrs.
Name <b>(AS IN PASSPORT)</b>	
Surname	
Date of Birth	
Sex	
Nationality	
Passport Number	
Date of Expiry	
Date of Issue	
Marital Status	
Office Address <b>(COMPLETE POSTAL ADDRESS)</b>	
Home Address <b>(COMPLETE POSTAL ADDRESS)</b>	
Telephone No Office	
Telephone No Home	
Mobile Phone No	
Email	
Name, Complete Address, Phone, Email etc of the person to be notified in case of emergency <b>(Home)</b>	

Name, Complete Address, Phone, Email, etc. of the person to be notified in case of emergency <b>(Office)</b>			
Food Habit			
Details of Food Preferences, if any			
<b>2. Educational Qualifications</b>			
Particulars of Degree / Diploma Certificates			
M.com (Management)			
B.Com			
Higher secondary certificate			
<b>3. Professional Qualifications</b>			
Foundation training program			
certificate in computer application			
<b>4. Employment Record</b>			
Name of Employer / Department/Company	Position	Year	Nature of Work
<b>BRDB, Naogaon Sadar, Naogaon.</b>			
<b>5. Present Employment Details</b>			
Are you an Employee of:			

Name & Full Address of Present Employer	
Present Designation	
Have you ever attended a course sponsored by Govt. of India	
Give Details of the Course	
Details of course/s attended outside of your country	
<b>State briefly in 100 to 150 words, the reasons, both personal and professional, for your interest in receiving the training</b>	
<b>6. Medical Report</b>	
Name of Candidate	
Country	
Age	
Sex	
1-Height (cm)	
2-Weight (kg)	
3-Blood Group	
4-Blood Pressure	

5-Is the person examined in good Health at present?	
6-Is the person examined physically able to carry out intensive training away from home	
7-Is the person free of infectious diseases (AIDS, tuberculosis, trachoma, skin diseases etc) / yellow fever certificate (in case of person coming from that region or laid out in WTO regulation)	
8-Does the person examined have any condition or defect (including teeth) which might require treatment during the training program?	
9-List any abnormalities – indicated in the chest X-ray	
10-Pregnancy Test (for women) (For lady participants: I confirm that I will not travel to India to attend the course I have applied for if I am in the family way)	
I certify that the applicant is medically fit to undertake a training course in India	
<b>Name of Physician</b>	
<b>Address of Clinic / Hospital (including name of the hospital / clinic, postal address etc.</b>	
<b>Telephone (Physician)</b>	
<b>Email (Physician)</b>	
<b>Report is Dated</b>	

**Certification of English Language Proficiency**

Candidate's Name :

**First Language :**

**Second Language (if any) :**

**UNDERTAKING BY THE APPLICANT**

	<b>Good or Basic</b>	<b>Remarks</b>
Understanding		
Speaking		
Writing		
Reading		
<b>*Language Test Administered by :</b>		
Tel No :		
Date :		
<p><b>NOTE: Certificate of English language test is absolutely compulsory. In case the official language is English, an officer of the rank of Director or above in the Ministry / Department may administer the test.</b></p>		

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**UNDERTAKING BY THE APPLICANT**

I \_\_\_\_\_ of (country) **Bangladesh** certify that intonation provided by me in this form is true, complete and correct.

I also certify that I have read the course brochure and \_\_\_\_\_ that I am aware of the course contents and living conditions in India.

If accepted for the training programme, I undertake to:

- (a) Carry out such instructions and abide by such instruction as may be stipulated by both \_\_\_\_\_ the nominating and sponsoring Governments, in respect of the training;
- (b) Follow the full course of study or training and abide by the rules of the university or institute or establishment in which I undertake to study or gain training;
- (c) Submit to periodic assessment / test conducted by the institute (progress report which may be prescribed);
- (d) Refrain from engaging in political activities, or from any form of employment for profit or gain;
- (e) Return to home country at the end of my course of study or training;
- (f) I also fully undertake that if I am granted a training award it may be subsequently withdrawn if I fail to make adequate progress or for other sufficient course determined by the host Government;
- (g) I have not applied for any other training course during the above mentioned training period

· Date:

· Place:

(Signature of the Applicant)

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**Sponsoring Authority in the home country / Ministry**

Name

OFFICE SEAL

Designation:

Ministry / Department:

Date:

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## IMPORTANT

- Please read the form carefully. The application will be automatically rejected if any column is inaccurate, incomplete or blank.
- Declaration by the candidate and the recommendations from employer, if any are compulsory.
- Working knowledge of the English language is a pre-requisite. For English language and language related courses, basic knowledge of English is must.
- Female candidate are hereby informed that they will not be allowed to join the course if they are in family way before living for India.
- Candidates are advised to use computer print to fill the application form.
- Candidates are advised to send their applications by e-mail in PDF FORMAT ONLY at the following e-mail ID: **(cbdp\_aardo@yahoo.com)**