GOVERNMENT OF INDIA

**Ministry of Youth Affairs & Sports**

### Application Form

|  |
| --- |
| **Paste your unsigned recent colour photograph** |

PART A: Details of the Applicant

1. **Name of Applicant :**

|  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
|  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
|  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |

1. **Aadhar No.**

|  |  |  |  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
|  |  |  |  |  |  |  |  |  |  |  |  |

1. **Bank Account Number ( Write Account Number which is linked with your Aadhar Number , start with the left most box and fill only required number of boxes, leave rest blank):**

**Bank Name -**

|  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
|  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |

**Note: Aadhar number linked bank account is a prerequisite condition for consideration for this programme. Proof of Aadhar linked account from the concerned bank to be attached with the application form.**

1. **Name of Guardian :**

|  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
|  |  |  |  |  |  |  |  |  |  |  |  |  |  |

1. **Date of Birth :**

|  |  |  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| **Date** |  |  | **Month** |  |  | **Year** |  |  |  |  |

1. **Sex :**

|  |  |  |  |
| --- | --- | --- | --- |
| **Male** |  | **Female** |  |

1. **Residential Address with PIN CODE:**

|  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
|  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
|  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
|  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
|  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |

1. **Contact Details :**

|  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| **Telephone No.** |  |  |  |  |  |  |  |  |  |  |  |  |  |
| **Mobile No.** |  |  |  |  |  |  |  |  |  |  |  |  |  |
| **E-mail Address** |  |

1. **Details of Educational Qualifications (to be verified at the time of final selection):**

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| **Name of the course/Degree** | **Name of Board/University** | **Year** | **Percentage of Marks** | **Subjects** |
|  |  |  |  |  |
|  |  |  |  |  |
|  |  |  |  |  |
|  |  |  |  |  |

1. **Details of Passport (copy to be enclosed) :**

|  |  |
| --- | --- |
| **Passport Office File No.** |  |
| **Passport No.** |  |
| **Date and Place of Issue** |  |
| **Date of Expiry** |  |
| **In case passport was applied for and not issued, please give File No. & Date** |  |

1. **Whether SC/ST :**

|  |  |  |  |
| --- | --- | --- | --- |
| **SC** |  | **ST** |  |

1. **Physically Handicapped :**

|  |  |  |  |
| --- | --- | --- | --- |
| **Yes** |  | **No** |  |

1. **Details of previous Foreign Visits :**

|  |  |  |  |
| --- | --- | --- | --- |
| **Place visited** | **Details of visit** | **Sponsored by** | **Year of Visit** |
|  |  |  |  |
|  |  |  |  |
|  |  |  |  |
|  |  |  |  |

1. **Dietary Preferences :**

|  |  |  |  |
| --- | --- | --- | --- |
| **Vegetarian** |  | **Non Vegetarian** |  |

**13. Religion \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**14. Hobbies \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**15. Details of Medical History, if any:**

**16. If any case pending against you in any court of law at the time of filling up this form:**

 **(Yes/No)**

**17 If answer to sixteen is ‘Yes, give full particulars of the case /arrest/fine/conviction/ sentence etc. and /or the name of the case pending in the court at the time of filling up this form.**

**16. Details of any Academic or extra curricular (music/dance etc.) Awards/ Personal Distinction /Scholarship (copies to be enclosed):**

|  |  |  |
| --- | --- | --- |
| **Area of Specialization/ Name of the Award/ Scholarship** | Conferred by | Year |
|  |  |  |
|  |  |  |

**17. Special interest areas: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**18. Languages (Indian/Foreign) known:**

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| **S.No.** | **Language** | **Read** | **Write** | **Speak** |
|  |  |  |  |  |
|  |  |  |  |  |
|  |  |  |  |  |
|  |  |  |  |  |
|  |  |  |  |  |

**19. Whether worked with any youth related organization like NCC, NSS, NYKS, other (please specify and enclose relevant documents thereof) ANY DISTINGUISHED WORK DONE, if so, please state, clearly. (Max 150 words)**

**20. Describe briefly about your hobbies/extra curricular activities/area of interest, which may be relevant for considering your application. (Max 150 words) :**

**21. Describe any achievement in the field of academics or any other field, which is relevant for considering your application. (Max 150 words)**

**22. Describe what you would like to gain from this youth exchange programme. (Max 150 words)**

**23. Describe in which field and how you would like to contribute to the nation after experiencing the visit by participating in this programme (Max 150 words).**

**Signature of the applicant**

**Date of Application…………………….**

**Part-B : (To be filled by the nominated Youth)**

**Undertaking**

 **I \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_(Name), Son of \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ affirm that (a) I will maintain punctuality and discipline throughout my visit, (b) I will do nothing that shall bring bad name to our country (c) I shall follow instructions given by the accompanying officers.**

**2. I also affirm that I have not visited any other foreign country under the International Youth Exchange Programme organized by the Ministry of Youth Affairs and Sports, in the past.**

**3. In case of any indiscipline, non-punctuality or any wrong information furnished by me, I may be sent back immediately and the cost of my visit may be recovered from me.**

**(Signature)**

**Name in Capital Letter: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Name of Recommending Institution/Organization: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

Part-C : (To be filled by recommending official / organization)

**Certification of the character of the nominee and recommendation along with a brief description about the exceptional qualities and future utility of the nominee (Approx 100 words):**

**(Signature)**

**Name :\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Designation :\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**