

12040/07/2012-FTC(Trg.)
Government of India
Ministry of Personnel, P.G. & Pensions
Department of Personnel & Training
Training Division

Block-IV, Old JNU Campus
New Delhi – 110067
Dated: 14th February 2012

Training Circular

Subject: A Group Training Course in Urban Development (Focused on Land Readjustment Measures) to held in Japan.

The undersigned is directed to state that the Japan International Cooperation Agency (JICA), under the Technical Cooperation Programme of the Government of Japan has invited applications for a Group Training Course in Urban Development (Focused on Land Readjustment Measures). The duration of the programme is from April to September 2012, the core phase from 20th May to 6th July 2012 will be held in Japan, the remaining period will be held in the candidate's home country.

2. The course is designed to improve the methods and systems of urban development by learning urban development/renewal system and methods and techniques of land resources in Japan. The programme is meant for central/local governments responsible for the formulation of urban development policies or the implementation of urban development programs/projects.
3. The candidate should have university degree or equivalent, with more than 5 years of professional experiences in urban development and/or urban planning in principle, be between thirty and forty five years of age in principle, be responsible for the formulation of urban development policies or the implementation of urban development programs/projects, be proficient at written and spoken English, be in good health and not be serving in the military.
4. The JICA covers the cost of a round-trip ticket between an international airport designated by JICA and Japan, travel insurance from arrival to departure in Japan, and includes allowances for accommodation, living expenses, outfit and shipping, expenses for study tours, free medical care for participants who may fall ill after reaching Japan (costs related to pre-existing illness, pregnancy, or dental treatment are not included).
5. It is requested that the nomination of the suitable candidates may please be forwarded to this Department in accordance with the eligibility criteria.

6. The nomination details should be submitted in the JICA's prescribed proformas (A2A3Forms). The course details and application form are available in our website persmin.nic.in

7. The applications should reach this Department through proper channel not later than 10th March 2012. Nominations received after the prescribed date will not be considered.


(N.K. Wadhwa)

Under Secretary to the Govt. of India.

1. The Secretary, Ministry of Urban Development, Nirman Bhavan, New Delhi.
2. All State Governments/Union Territories.
3. NIC with the request to post the circular along with the JICA's circular and the enclosed application Proformas on the Department's website.


N.K. Wadhwa)

Under Secretary to the Govt. of India

Technical Cooperation by The Government of Japan

Training Award of Japan International Cooperation Agency (JICA)

Application by the Government of

for a training course in the field of

Please provide one original and four copies.
Please print or type

(FOR JAPANESE OFFICIAL USE)

Ordinary Group Course (集団コース) Course No.

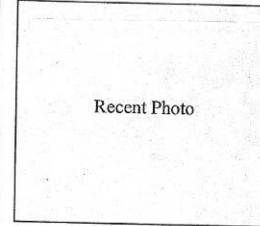
Special Group Course (一般特設) Course No.

Country-focused Group Course (国別特設)

Counterpart (カウンターパート) 専門家名
プロジェクト名

Ordinary Individual Course (個別一般)

Others (C.S. 特別案件等)



PART A To be completed by the nominee.

1 FULL NAME (as in Passport, underline Family Name)

2 ADDRESS FOR CORRESPONDENCE	4 DATE OF BIRTH			5 AGE
	Month	Date	Year	
Telephone:				
3 NAME AND ADDRESS OF PERSON TO BE NOTIFIED IN CASE OF EMERGENCY	6 SEX <input type="checkbox"/> MALE <input type="checkbox"/> FEMALE			
	7 MARITAL STATUS <input type="checkbox"/> SINGLE <input type="checkbox"/> MARRIED			
	8 NATIONALITY			
	9 RELIGION			
Relationship to you:				
Telephone:				

10 EDUCATIONAL RECORD

Institution	City/Country	Years Attended		Qualification Obtained	Subject
		From	To		

11 TRAINING OR STUDY IN FOREIGN COUNTRIES (in relation to professional interests.)

Institution	City/Country	Period		Certificate/ Degree Awarded	Field of Study
		From	To		
xx	xx	xx	xx	xx	

12 EMPLOYMENT RECORD

1) Present Place of Employment

Name Address Telephone: 86- Telex/Fax: 86-	Title of present Job
	Date of Taking Up Post
	Type of Organization <input type="checkbox"/> Governmental/public <input type="checkbox"/> Private <input type="checkbox"/> International <input type="checkbox"/> Others

2) Previous Job

Name and address of Organization Previous Title/Post and Dates(from/to)	Description of Your Previous Job 1. 2. 3. 4.
--	--

3) Describe briefly the work of your organization and the service it provides.

.....
.....
.....

4) Describe your own job.

.....
.....
.....
.....

5) Explain how the proposed training will be of benefit to you in the work you will be doing on your return.

.....
.....
.....
.....

13 LANGUAGE PROFICIENCY

English				
Listening	<input type="checkbox"/> excellent	<input type="checkbox"/> good	<input type="checkbox"/> fair	<input type="checkbox"/> poor
Speaking	<input type="checkbox"/> excellent	<input type="checkbox"/> good	<input type="checkbox"/> fair	<input type="checkbox"/> poor
Writing/Reading	<input type="checkbox"/> excellent	<input type="checkbox"/> good	<input type="checkbox"/> fair	<input type="checkbox"/> poor
Mother Tongue			
Other Language			
	<input type="checkbox"/> excellent	<input type="checkbox"/> good	<input type="checkbox"/> fair	<input type="checkbox"/> poor

14 NOMINEE'S DECLARATION To be signed by the nominee.

I certify that the statements made by me in this form are true and correct to the best of my knowledge.

If accepted for a training award, I agree:

- a) not to bring any member of my family.
- b) to carry out such instructions and abide by such conditions as may be stipulated by both the nominating Government and the Japanese Government in respect of this course of training.
- c) to follow the course of study or training, and abide by the rules of the institution or establishments with which I undertake to study or train.
- d) to refrain from engaging in political activities, or any form of employment for profit or gain.
- e) to submit any progress report or evaluation questionnaires which may be prescribed.
- f) to return to my home country at the end of my course of study or training.

I also fully understand that if granted a training award it may be subsequently withdrawn if I fail to make adequate progress, or for other sufficient cause including physical conditions determined by the Government of Japan.

Date: Signature:

PART B To be completed by nominee's Director or Head of Department.

OBSERVATIONS OF NOMINATING ORGANIZATION

1 Describe what work the nominee will be expected to do in his return.

.....

.....

.....

2 Explain how the proposed training will be of benefit to the work of your organization.

.....

.....

.....

3 (For Non-Group Training only)

Describe:

1) Subject area of the training required.

.....
.....
.....
.....

2) Special subjects which are particularly important and should be included in the training program (continue on an additional sheet if necessary).

.....
.....
.....
.....

3) Period of training required (from/to).

.....

4) Notice required before nominee can be released from present post.

.....

PART C To be completed and signed by a responsible government official.

OFFICIAL NOMINATION

I certify that:

I have examined the documents in this form and I am satisfied that they are authentic and relate to the nominee.

I accordingly nominate this person on behalf of the Government of

Date: Signature:

Position: Name:

Organization:

MEDICAL HISTORY AND EXAMINATION FOR JICA TRAINING AWARD

MEDICAL HISTORY TO BE COMPLETED BY NOMINEE			
1 NAME OF NOMINEE (last name, first name, middle name)			
2 DATE OF BIRTH (mo/day/yr)	3 NATIONALITY	4 SEX <input type="checkbox"/> male <input type="checkbox"/> female	5 ADDRESS FOR CONTACT
6 NAME OF TRAINING COURSE/SEMINAR			
7 LENGTH OF TRAINING COURSE/SEMINAR(weeks, months)			

8 IMPORTANT NOTICE

Before you complete the Medical History Questionnaire, you are hereby notified that:

A medical condition resulting from an undisclosed pre-existing condition may not be financially compensated for by JICA and may result in termination of your training program.

I understand and accept the terms of this notice. Yes No

9 NOMINEE WILL CHECK "YES" OR "NO" AND EXPLAIN

	YES	NO		EXPLANATION
a.			Have you had any significant or serious illness or injury? (If hospitalized, give place & dates.)	
b.			Have you had any operations or advice by a physician to have an operation? (Give place & dates.)	
c.			Do you currently use any drugs for treatment of a medial condition? (Give name & dose.)	
d.			Have you ever been a patient in a mental hospital or sanitarium or treated by a psychiatrist? (Give place & dates.)	

10 NOMINEE WILL INDICATE "YES" OR "NO" TO EACH ITEM

DO YOU NOW HAVE OR HAVE YOU EVER HAD THE CONDITIONS LISTED BELOW?

(Check each item, if yes, enclose the relevant condition with a circle.)

	YES	NO	CONDITION
a.			Asthma, emphysema, or other lung conditions
b.			Tuberculosis or live with anyone who has tuberculosis
c.			High blood pressure, heart disease
d.			Stomach, liver (hepatitis), gall bladder disease
e.			Kidney or bladder disease. Stone or blood in urine
f.			Diabetes (sugar in the urine)
g.			Depression, excess worry, attempted suicide, or other psychological symptoms
h.			Acquired Immune Deficiency Syndrome (AIDS)
i.			Tumor, abnormal growth, cyst, or cancer
j.			Bleeding disorder, blood disease (sickle cell anemia)

I CERTIFY THAT I HAVE READ THE ABOVE INSTRUCTIONS AND ANSWERED ALL QUESTIONS TRULY AND COMPLETELY TO THE BEST OF MY KNOWLEDGE.

11 PRINTED NAME OF NOMINEE	12 DATE	13 SIGNATURE OF NOMINEE