

IMMEDIATE

No. 12040/1/2012-FTC
Government of India
Department of Personnel & Training
Training Division


New Delhi, the 31 January 2012

TRAINING CIRCULAR

Subject Group Training Course in International Maritime Conventions and Ship Safety Inspection.

The undersigned is directed to say the Japan International Cooperation Agency (JICA) is organizing a Training Programme in International Maritime Conventions and Ship Safety Inspection from **13 May to 11 August 2012 at Japan.**

2. The Programme aims to provide participants technical knowledge and understand the related requirements of the international maritime conventions in order to promote ship safety inspection and to preserve the global maritime environment.
3. To be eligible to apply for the Programme, the candidates should be working in the field of ship safety administration such as Ship Inspectors or PSC officers (but not as seafarer, harbor master, pilot or consultant engineer) and having a graduate degree in engineering or equivalent. The candidate should be under 50 years of age, have sufficient command of English language, be in good health and not be serving in the military.
4. The fellowship award covers round-trip air ticket, accommodation, living expenses, outfit and shipping, travel insurance, study tour and free medical care (after arrival in Japan).
5. The accepted candidates will be required to submit a Country Report by 30 April 2012 in the format prescribed by JICA.
6. It is requested that nomination of suitable officers in coordination with State Governments having coastal areas, such as, West Bengal, Orissa, Andhra Pradesh, Tamil Nadu, Kerala, Maharashtra, Goa, Gujarat, Daman & Diu, etc. may please be forwarded to this Department latest by **1st March 2012** in accordance with the eligibility criteria. The course brochure and application form (A2A3) is available at our website (www.persmin.nic.in).


(N.K. Wadhwa)

Under Secretary to the Govt of India

1. Secretary, Ministry of Shipping, Transport Bhavan, Sansad Marg, New Delhi.
2. NIC, Training Division with the request to post this circular along with Course Brochure and application form on the Department's website.

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.

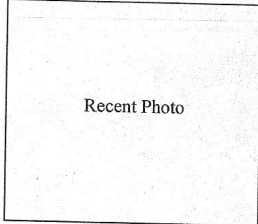
Special Group Course (一般特設) Course No.

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

2) Previous Job

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

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

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4) Describe your own job.

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

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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.

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

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3 (For Non-Group Training only)

Describe:

1) Subject area of the training required.

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

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

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

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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



TRAINING AND DIALOGUE PROGRAMS

GENERAL INFORMATION ON
INTERNATIONAL MARITIME CONVENTIONS AND
SHIP SAFETY INSPECTION
集团研修「海事国際条約及び船舶安全検査」
JFY 2012
<Type: Trainers Training / 類型: 人材育成普及型>
NO.J12-00677 / ID.1280977
From May 13 to August 11, 2012

This information pertains to one of the Training and Dialogue Programs of the Japan International Cooperation Agency (JICA), which shall be implemented as part of the Official Development Assistance of the Government of Japan based on bilateral agreement between both Governments.

I. Concept

For what?

This program aims to provide participants with fundamental and practical knowledge of international maritime conventions and applicable technology and procedure of ship inspection in accordance with the requirements of international standard, and thus contribute to global ship safety.

For whom?

This program is offered to the participants who are engaged in the field of ship safety inspection to comply with the requirements of the international maritime conventions. (ship safety administration officers, ship inspectors, PSC officers, etc.)

How?

Participants shall have opportunities to acquire practical knowledge of international maritime conventions and applicable technology and procedure of ship inspection. Participants will also formulate an action plan describing what the participant will do after they go back to home country putting the knowledge and ideas acquired and discussed in Japan among others into their on-going activities.

II. Description

- 1. Title (J-No)**
International Maritime Conventions and Ship Safety Inspection (J1200677)
- 2. Period of program**
Duration of whole program : April 2012 to October 2012
Preliminary Phase : April 2012
(in a participant's home country)
Core Phase in Japan : May 13 2012 to August 11 2012
Finalization Phase : August 2012 to October 2012
(in a participant's home country)
- 3. Target Regions or Countries:**
Algeria, Djibouti, India, Indonesia, Myanmar, Panama, Philippines, Tonga
- 4. Eligible / Target Organization**
Governmental bodies on ship safety inspection
- 5. Total Number of Participants**
11 participants
- 6. Language to be used in this project**
English
- 7. Overall Goal**
To promote ship safety inspection for both flag State implementation and port State control.
- 8. Program Objective**
At the end of the program, the participants are expected to achieve the following; to have appropriate technical knowledge and understand the related requirements of the international maritime conventions in order to promote ship safety inspection, and to take measure to secure the safety of human life and to preserve the global maritime environment as promoted by IMO.
- 9. Expected Module Outputs and Contents**
Module outputs are shown in the figure 1 "Conceptual Framework of Program" below. Contents and schedule/days of program are shown in the figure 2 "Outputs, Contents and Schedule of Program" below.

Figure 1: Conceptual Framework of Program

