

PART – II

To be completed by the authorized official of the Nominating Government/ Employer

I, _____ on behalf of the Government of _____ certify that:

(a) I have examined the educational, professional and other certificates quoted by the nominee in Part – I of this form and I am satisfied that they are authentic and relate to the nominee.

(b) I have gone through the medical certificates and X-ray reports produced by the nominee which state that he/she is medically fit and free from any infectious disease and Yellow Fever and that having regard to his/her physical and mental history there is no reason to indicate that the nominee is other than fit to undertake the journey to India and to undergo training in India.

(c) The nominee has adequate knowledge of spoken and written English to enable him/her to follow the course of training for which he/she is being nominated.

(d) The nominee has not availed of ITEC/SCAAP training facilities earlier in India.

I nominate Mr./Mrs./Miss _____ on behalf of the Government of _____ as employer.

Name of Nominating Authority: _____

Designation: _____

Address: _____

Signature
(With seal)

Name and Designation
(in block letters)

Date :

Place :