

**APPLICATION FORM FOR NOMINATION UNDER SELF FINANCING SCHEME FOR  
FOREIGN STUDENTS FROM DEVELOPING COUNTRIES FOR INSTITUTIONS IN  
INDIA FOR BE/ B.PHARMACY/MBBS/ BDS COURSES FOR ACADEMIC YEAR  
2019-20.**

(As far as possible the entries, except the Signature, should be type written)

TO BE SUBMITTED IN TRIPLICATE THROUGH THE INDIAN DIPLOMATIC REPRESENTATION IN THE  
COUNTRY OF CANDIDATE'S DOMICILE

1. Full name of the candidate Mr./ Miss (in block letters) .....  
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2. i) Full address to which communication may be sent (in block letters) .....  
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ii) Telephone (Mob/ Landline) with Country/City Code.....

iii) Email Id .....

3. (i) Date & Place (with Country) of Birth .....

(ii) Age as on 31<sup>st</sup> December 2019: ..... Years ..... Months .....Days.

4. (a) Country & Place of permanent domicile .....

(b) Nationality .....

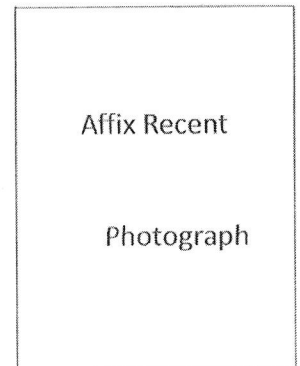
(c) Number and Date of passport or any other travel document, if any, held by the applicant.  
(Attach photostat (duly attested) copy of the first four pages of your passport or travel document)

5. (a) Name of Father .....

(b) Nationality of Father .....

(c) Address of Father in the country of his/her domicile .....

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.....



6. Name, Address & Telephone of person to be notified in case of emergency.

(a) In India .....

(b) In the country of domicile.....

7. Have you ever applied for nomination earlier? If yes, give year .....

8. Educational qualifications, beginning with Matriculation/ School Certificate or its equivalent Examination:

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Examination Passed	Year of Passing	Subjects taken	Percentage of marks obtained
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9. For MBBS/ BDS applicants:

(i) Roll No. of NEET 2019 .....

(ii) Place of Examination Centre .....

(iii) NEET Score .....

(Copy of NEET Score Sheet duly attested by Indian Mission to be submitted)