

KENDRIYA HINDI SANSTHAN, AGRA
(MINISTRY OF HUMAN RESOURCE DEVELOPMENT
DEPARTMENT OF EDUCATION
LANGUAGES DIVISION)

(To be filled in Triplicate)

1. Name in Full (Capital Letters)
2. Nationality
3. Date of birth (In Christian Era)
4. Parentage
 - (a) Father's Name in full (Capital Letters)
together with his nationality
 - (b) Mother's Name in full (Capital Letters)
together with her nationality
5. Husband's/ Wife's name in full (Capital Letters)
together with his/her nationality
(in case of married persons only)
6. Present Address
7. Permanent Address
8. Passport number, date and place
of issue and its validity, if available
9. Occupation
10. Whether previously in India if so,
date and place of previous visit

(Signature of Candidate)

Name:

Date :

KENDRIYA HINDI SANSTHAN, AGRA
APPLICATION FORM

Note: Please write or type when filling in the form

1. Full Name

(a) in Devanagari (Hindi Script)

(b) in Roman Script

2. Permanent Home Address

Telephone Fax

3. Contact Address

Telephone Fax

4. Sex: Male/ Female

5. Marital Status: Married/ Unmarried

6. Nationality

7. Mother Tongue

8. Date of birth and age on next birthday Age

9. Passport

(i) Passport No.

(ii) Date and Place of issue of Passport

(iii) Valid upto

10. (Visa)

Visa Number

Valid upto

Type of Visa

Date of Issue

.....

11. Nearest airport from where the applicant will travel

12. Occupation of applicant

Name and full Address of the Office/ Institution/ University

.....

13. Name, occupation and address of father/ husband/ guardian

.....

Name and Relation Occupation Address and Telephone No.

.....

14. Address of Relatives in India, if any

Name and Relation

Address & Telephone No.

.....

15. Have you been to India before

If yes, when and for how long

16. Knowledge of and proficiency in speaking, writing, reading and understanding Hindi

	Good	Average	Poor
Speaking			
Writing			
Reading			
Understanding			

17. Details about learning Hindi

(a) How did you learn Hindi?

(i) Through formal training?

(ii) Tutor

(iii) Yourself

(b) Where did you learn (Name of the Country and Institution)

.....

(c) When did you learn?

18. Knowledge of languages other than the mother tongue

.....

19. Educational Qualifications

Name of last Examination Passed	Year of passing	Class Div/Grade	Subjects taken	Name of College/ University
1.	2.	3.	4.	5.

20. Purpose of joining the course at the Kendriya Hindi Sansthan

.....

21. Any other information that you would like to furnish

.....

Date:

Place:

.....
Signature of the applicant

I hereby declare that the particulars given above are true to the best of my knowledge and belief and if admitted I agree to comply with the regulations of the Sansthan.

.....
Signature of the applicant

UNDERTAKING TO RETURN TO THE COUNTRY OF DOMICILE AFTER
COMPLETION OF STUDIES IN INDIA

1. I.....(full name) Son/daughter of
(father's name) (address in the country of
domicile) and presently a government of India Scholar studying for that it is my intention
to return and settle in (name of country)
..... (full address in the
country of domicile) on completion of my studies in India.

2. (Name) I do hereby declare that I will not
leave India at any time during the course of my studies (including vacations) except
with the PRIOR permission of the Government of India and also without
completion of the course of studies.

3. (Name) I do hereby declare that I am in
possession of funds to defray expenses for my return journey to my country of
domicile.

**I understand that failure in examination, misconduct or unsatisfactory progress in
studies will render my scholarship liable to cancellation.**

**I further understand that in the event of my not complying with the aforesaid
condition, I am required to return to the Government of India such amount as they
may prescribe with due regard to my ability to make payment.**

I expect to leave India by (month)
..... (year).

Signed this on the day of (month & year).

.....
Candidate's Signature

Certified that Mr./Mrs./Miss has understood the
above declaration and signed in my presence.

Date:

Signature

Place:

Designation

CERTIFICATE OF PHYSICAL FITNESS

Applicant's Name Date of Birth

Address

A. *Family History*

Has any member of your family ever suffered from –

1. Tuberculosis
2. Leprosy
3. Mental Illness

B. *Personal History*

Have you ever suffered from any of the following diseases –

1. Diabetes
2. Epilepsy
3. Mental illness, including 'nervous breakdown'
4. Bronchitis, spitting of blood, tuberculosis or other lung disease
5. Heart or kidney disease
6. Any other disease, accident, or operation requiring confinement to bed.
7. You are not suffering from AIDS. While coming please bring test report.
8. Vaccination and inoculation. Against which disease and when

C. *Physical Examination*

1. Height
2. Weight
3. Chest measurement
 - (a) (Inspiration)
 - (b) (Expiration)
4. General Appearance
5. Heart
6. Lungs
7. Abdomen
8. Glands
9. (a) K.J. (Knee Jerk)
 - (b) A.J. (Ankle Jerk)
 - (c) Pupils
 - (d) Abdominal
10. Urinalysis
11. Blood pressure

- 12. Vision – Distant and near, field of Vision with and without glasses
- 13. Hearing
- 14. Teeth, Tonsils
- 15. Any other abnormal findings

D. Result of special tests (if carried out)

- 1. Kohn Test
- 2. X-Ray of Lungs

(Applicants should have been recently vaccinated against small pox and inoculation against the typhoid group, diphtheria, whooping cough, cholera and yellow fever where necessary is advised)

I hereby certify that I have this day examined Mr./Mrs./Miss
who desire to pursue further studies in India in the Kendriya Hindi Sansthan and did not discover any disease (communicable or otherwise) constitutional weakness or bodily infirmly except *
I do/do not consider this as likely to render him/her unfit to undergo his/her training or to withstand the climate or living conditions in India.

The candidate's signature below has been affixed in my presence.

.....
Candidate's Signature

Date:

Signature of medical officer, with his qualification and Designation

Place:

* Please give full details and if candidate is declared unfit also state whether the unfitness is due to some minor disability when can be cured by treatment (medical or surgical)