

F. No. 12-5/2015-ES.3
Government of India
Ministry of Human Resource Development
Department of Higher Education
ES-3 Section

NOTICE FOR PUBLIC

**Subject :- Israel Government Scholarship 2016-17-Date of Interview
regarding.**

The following candidates have been called for interview for 'Israel Government Scholarship 2016-17' scheduled on 17th February, 2016 for the subjects mentioned below. If any discrepancy is noticed in the name and particulars, this may be brought to the notice of the Ministry at the earliest. All communications may be made to Telephone No. 011-26172492 only.

Candidates are requested to go through the information available at page no. 4 below regarding venue of interview, documents to be carried etc.

Biotechnology


Reporting Time 09:30 AM

S. No.	Reg. No. ES3\Israeli\Sakshat\2015\	Name of the candidate
1	1	Aman Chandra Kaushik
2	2	Santosh Kumar
3	7	Ponnanikajamideen
4	23	Kilbert Rubin
5	27	Vivek Kumar Srivastav
6	32	Mohd Wamique
7	35	Amit Gupta
8	40	Rakesh Kumar Verma
9	57	Angela Asir R V

Chemistry

Reporting Time 09:30 AM

S. No.	Reg. No. ES3\Israeli\Sakshat\2015\	Name of the candidate
1	42	Atul Kumar Sharma
2	44	Nilakshi Devi



Biology**Reporting Time 09:30 AM**

S. No.	Reg. No.	Name of the candidate
1	3	Chatragadda Ramesh
2	4	Jennifer Michellin Kiruban N
3	13	Debarati Bhattacharya
4	16	Shovit Ranjan
5	22	Anil Suresh Mali
6	45	Nitin Nathubhai Kachariya
7	47	Madhavi Dubey

Environmental Studies**Reporting Time 09:30 AM**

S. No.	Reg. No.	Name of the candidate
1	15	Md Shaheer Ali
2	33	Rupak Kumar
3	39	Kalyan DE
4	46	Aswin Kokkat

Agriculture**Reporting Time 09:30 AM**

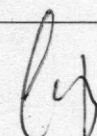
S. No.	Reg. No.	Name of the candidate
1	28	Chetna Sharma
2	41	Khandagale Anil Sakharam
3	48	Ujjwal Singh
4	56	Lahane Babanrao Yogesh

Economics**Reporting Time 09:30 AM**

S. No.	Reg. No.	Name of the candidate
1	9	Puneet Pal Singh

Mass Communication**Reporting Time 09:30 AM**

S. No.	Reg. No.	Name of the candidate
1	52	Birendra Baliarsingh

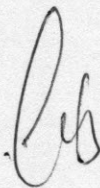


Business Management**Reporting Time 09:30 AM**

S. No.	Reg. No.	Name of the candidate
1	8	Saksham Shukla
2	17	Jibanendu Mohapatra
3	29	Deepak Ranjan Sethi
4	34	Mohd Osama Ahmad

Hebrew Language and literature**Reporting Time 09:30 AM**

S. No.	Reg. No.	Name of the candidate
1	37	Vanlalmangaiha
2	58	Naved Ahmad



No.F.12-5/2015-ES.3
Government of India
Ministry of Human Resource Development
(Department of Higher Education)

External Scholarship Division
2nd Floor, Wing 6, West Block-1,
R. K. Puram, Delhi -110066

Dated the 29th January, 2016

To,

The Candidate,

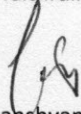
Subject: Israel Government Scholarship 2016-17 for Research/ Specialization

Sir/ Madam,

With reference to your application on the subject mentioned above, you are hereby requested to appear for an interview before the Selection Committee on the **17th February, 2015 (10.00 a.m.)** in **External Scholarship Division, West Block-1, 2nd Floor, Wing 6, R. K. Puram, Delhi - 110066** (in front of Sewa Bhavan, Gate No.2, within a kilometer from Hotel **Hyatt Regency**).

2. To appear in interview you must bring the following papers/documents:
 - i) Three copies of duly filled in application complete in all respects, in the **enclosed format**.
 - ii) All Original Certificates/Degrees, including Experience Certificate(s) for verification.
 - iii) Three copies (self-attested) of each of the relevant documents in support of age, educational qualification and experience etc.
 - iv) Three passport size photographs pasted on the **enclosed** application form (in triplicate). The medical certificate in the form should be duly certified.
 - v) Conversion formula and the marks in percentage form, duly certified by the concerned university/Institute in cases where the university/institute has awarded grades only.
 - vi) Bring your Journey Tickets (original ticket of inward-journey and photo-copy of ticket for outward-journey) for TA Claim. TA claim form will be provided at the venue.
3. Outstation candidates will be paid second class sleeper (non AC) ticket fare by Mail/Express train (and/or lower class bus fare where train facilities are not available) by the shortest route from their place of duty/ residence/study-in-India to Delhi/ New-Delhi and back (mentioned as present address in the online application). TA claim form will be supplied in the Ministry. Please keep in view (while arranging return journey ticket) that the interview may continue till evening.
4. It must be clearly understood that the date and time of your interview is fixed and cannot under any circumstances be altered. You are, therefore, advised to take all precautions to arrive in time.
5. Kindly also bring –
 - i) Self-attested English version of degrees/ certificates which are in language other than English.
 - ii) copies of letters/e-mails exchanged with universities/supervisors in Israel.
 - iii) hard copy of your online application with project/ proposal of study/research to be undertaken in Israel (at least 500 words).
6. If you fail to bring the requisite documents and papers as required the Para 2,3 & 5 above, you will neither be entertained nor be paid ~~any~~ travelling allowance.

Yours faithfully,


(Ghanshyam)

UNDER SECRETARY TO THE GOVERNMENT OF INDIA

Tele: 26172492

Enclosure: **As above**.



ISRAEL GOVERNMENT SCHOLARSHIPS (Academic year: 20__ – 20__)

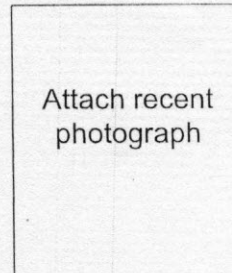
APPLICATION FORM

To be filled out, in English, in triplicate

Country of origin: _____

Scholarship required:

1. Short term Scholarship: Language Summer Course (Ulpan)
2. Long term Scholarship (One Academic Year = 8 months only):
Post Doctorate/ Research /Ph.D / M.A. / Overseas program



Attach recent
photograph

1. Surname: _____
2. First name: _____
3. Place of birth: _____
4. Citizenship: _____
5. Date of birth: _____
6. Gender: Male / Female
7. Permanent address: _____

8. Passport no.: _____
9. Telephone: _____ Cellular Phone: _____
10. Fax: _____
11. E-mail: _____
12. Marital status: _____
13. At which institution do you wish to pursue your studies or undertake research work?
 - A. _____
 - B. _____
 - C. _____

14. Do you have a supervisor already? (for post doctorate and research students only)

YES Name of supervisor _____

(If yes, please enclose any letter you have from your supervisor.)

NO

15. Have you been in contact, or have you registered to any university or professor in Israel?

(Please indicate.)

16. Have you been accepted by any university or professor in Israel? (Indicate and enclose a letter of acceptance).

17. Current and Previous University Education:

List in chronological order, starting with your current enrollment, all colleges and universities you have attended.

Name and Place of Institution	Major	No. of Years	Date of Graduation	Degree

18. In which language will you conduct your research/studies in Israel? _____

19. Language Skills: (x – none ; xx – poor ; xxx – fair ; xxxx – good ; xxxxx – fluent)

Languages	Reading	Speaking	Writing
Hebrew			
English			
Other (specify)			

20. Type of proof for language skills: _____

21. Present occupation: _____

22. Detailed program for your studies in Israel. (If this space is insufficient, please use a separate sheet and attach it to this form as an appendix).

23. Other details that you consider important for the evaluation of your application.

MEDICAL HEALTH CERTIFICATE

1. Name: _____

2. Place of birth: _____

3. Date of birth: _____

4. Address: _____

5. Person to be notified in case of emergency:

Name: _____

Full address: _____

Telephone no.: _____

Cell phone no.: _____

Fax no.: _____

E-Mail: _____

The following details are to be supplied by a registered medical practitioner:

- 1. Past medical history: _____

- 2. Present state of health: _____

- 3. Results of general examination:
 Blood pressure: _____ Weight: _____ Height: _____
- 4. Is the applicant suffering from:
 An infectious disease? _____
 A skin disease? _____
 A psychological disorder? _____
 Cardiac condition? _____
 Any other diseases? _____
- 5. Remarks: _____

- 6. Is the applicant in good health and able to physically and mentally engage
 in intensive studies in a foreign country? _____

Name of examining physician

Signature of examining physician

Date of examination: _____

To be signed by the applicant:

I, the undersigned, declare that all of the above information in this application forms is complete and accurate to the best of my knowledge. I am aware that giving incorrect answers to any of the above questions may lead to the cancellation of my application.

Date: _____

Signature: _____