

NOMINATION FORM

ICA-MAFF (JAPAN) Training Course on “Promotion of Sustainable Agriculture and Improvement of Farmer’s Income through the Development of Agricultural Cooperatives in FY-2024.”

<Paste one passport-size
photo here>

Instructions: [i] Please read through this Nomination Form carefully before attempting to fill it in; [ii] The completed form should reach the ICA-AP Regional Office on or before the closing date; [iii] Please type in or write in Block Letters; [iv] Forms not filled in properly, or not filled in this format, or not containing the requested information, or not accompanied by the Medical Certificate and other enclosures, and without the needed endorsements by the Nominating-Organisations are likely to be rejected; [v] All questions asked should be answered and nothing should be left blank/unanswered; [vi] You may use additional sheets of the same size, if and wherever necessary.

Nominating organisations: *should* forward the completed applications of candidates to the ICA-AP Regional Office before the closing date after the initial verifications etc., have been completed.

ALL INFORMATION IN THIS BLOCK SHOULD BE WRITTEN IN BLOCK LETTERS

*Please note that this address will be used by the ICA-AP for all
future communications with the selected candidates*

**[A] Full Name of
the Candidate: Ms./Mr.-----
Designation:-----**

[B] Complete Office Address for Correspondence with the Candidate:
*[This address will be used by the ICA for all correspondence with the candidate. Do not use only the
Post Box Number. The courier service needs full street address to ensure quick delivery]*

Office Name:-----

Office Postal Address:-----

Office Phone [with country code]:-----

Your E-Mail address:-----

Mobile Phone Number [with country code]:-----

01 PERSONAL PARTICULARS OF THE CANDIDATE

1.01 Full Name of Surname / Family Name:-----
----- the Candidate First Name:-----
[Use Block Letters] Other Name:-----

1.02 In case of emergency, who should be contacted (state relationship):
Name of the Contact Person at Home (state relationship)-----

Residence Address [*in Full, and in Block Letters*]:

Home Phone Number:----- Mobile Phone Number:-----
Home e-mail:-----

1.03 Office Name & Office Address [*In Full, and in Block Letters*]

Office Phone Number [*with country code*]:-----
E-Mail Address: -----

1.04 -Date of Birth:-----

1.05 Place of Birth:-----

1.06 Nationality:-----

1.07 Passport Number:----- 1.08 Date of Issue: -----

1.09 Place of Issue: ----- 1.10 Valid up to:-----
(A copy of the valid passport must be enclosed with the Nomination Form)

02 EDUCATIONAL AND PROFESSIONAL QUALIFICATIONS

<u>Degree/Certificate</u>	<u>Main Subjects</u>	<u>University/Institution</u>
_____	_____	_____
_____	_____	_____
_____	_____	_____

03 GOVERNMENT CLEARANCE FOR PARTICIPATION IN THIS TRAINING COURSE [*Please tick-mark as applicable*]

- I have already obtained government clearance;
- Government clearance is being obtained. I shall join the Training Course only if government clearance is available;
- Government clearance is not required in my case.

04 PREVIOUS EMPLOYMENT [*past five years only*]

<u>Position Held</u>	<u>Institution</u>	<u>Duration</u>

05 CURRENT EMPLOYMENT STATUS

Title of the Present Post:-----

Current Employer:-----

Working since:-----

Brief description of your main duties:

06 Are you a government official? YES/NO

07 Are you an elected official at present? YES/NO

08 LANGUAGE PROFICIENCY [the medium of instruction is English]
Knowledge of the English language. [*Please encircle your present ability*].

-Ability to speak :	FAIR	GOOD	VERY GOOD
-Ability to Read :	FAIR	GOOD	VERY GOOD
-Ability to write :	FAIR	GOOD	VERY GOOD

09 PREVIOUS VISITS ABROAD:

<u>Countries Visited</u>	<u>Purpose</u>	<u>Duration of Stay</u>
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10 WRITE-UP OF 500 WORDS. *This write-up of a maximum of 500 words is needed to know about your organisation where you are working at present and your perception of this training programme. This will also help in assessing your knowledge of English. It should be attached to this Nomination Form. The following points should be discussed in the write-up:*

- i. Name, objectives, organisational structure and a brief description of the activities of the organisation where you are presently working.*
- ii. In what way do the activities of your organisation, directly or indirectly, help the cooperative farmer-members.*
- iii. [a] Why do you wish to join this Training Course? [b] What are your objectives to participate in this Training Course?*

The Write-up is attached herewith **YES/NO**

11 MEDICAL FITNESS CERTIFICATE. *The candidate should be physically and medically fit to travel and stay abroad. The selected candidates must carry with them a Medical Insurance/Travel Accident Insurance Policy when they join the Training Course.*

The Medical Fitness Certificate is attached herewith **YES/NO**

12 FOOD PREFERENCES. *In the Training Course, there will be participants representing a variety of beliefs, cultures, religions and food habits. In order to make appropriate arrangements for you, please check your choice below:*

- I am a pure vegetarian – Not even eggs;
- I am a non-vegetarian
- I am a non-vegetarian – Except for BEEF
- I am a non-vegetarian – Except for PORK

13 ANY OTHER INFORMATION you might like to furnish in support of your wish to participate in this Training Course. *[Use additional sheets of A4 size, if needed]*

14 **The candidate must sign the following Declaration:**

DECLARATION BY THE CANDIDATE

*[The following Declaration must be signed by the Candidate
after having gone through its contents carefully. Without this Declaration
the Nomination Form will not be taken up for consideration by the ICA]*

- i. I agree to abide by the rules and regulations of the International Cooperative Alliance set out by the ICA in the Course Memorandum for this Training Course and of the institutions in which I shall be required to study and stay during my training period;
- ii. I agree to conduct myself in the best friendly traditions without entering into religious, regional and personal conflicts and controversies with my fellow participants and avoid, at all costs, any type of confrontation with my fellow participants, teachers and Course leadership;
- iii. I agree to respect the views of the groups and at the same time maintain my beliefs, concepts and personal convictions without hurting the ego, views and wishes of others;
- iv. I declare that I shall participate in the Training Course for its full duration and return to my home country upon the completion of the Training Course, failing which I agree to refund to the ICA all costs incurred by it on me and my behalf;
- v. I agree to respect the decisions and rulings given by the ICA Course Coordinator on issues brought to him about my participation in the Training Course.
- vi. I undertake that I will continue to serve the organisation I belong to for five (5) years and more after participating in the training course.

Signature of the Candidate

Place: -----

Date: -----

ENCLOSURES

Please check and ensure that the following enclosures are secured and attached to this Nomination Form

- 01 Colour photograph;
- 02 Write-up of 500 words;
- 03 Medical Fitness Certificate.
- 04 A copy of your valid passport

Please note that the Nomination Forms, completed in all respects, are to be submitted to the ICA-AP.

15 CERTIFICATE BY SPONSORING ORGANISATION [where the candidate is currently employed and working]

[This Certificate is to be completed by the Sponsoring Organisation where the candidate is presently working. The Certificate is to be signed by the Chief Executive Officer of the Sponsoring Organisation after having read through its contents carefully and understood the implications of the contents]

CERTIFICATE

We certify that the information supplied herein by the candidate is factually correct. Certified that the candidate possesses sufficient proficiency in writing, reading and speaking the English language, that the candidate is a suitable person for training, that the candidate is an active official of this organisation, that the candidate will be able to make good use of the training, and that this organisation will make the best possible use of the candidate after completion of his/her training.

We have emphasised to the candidate the need to participate in the Training Course for its entire duration, and have informed the applicant of the requirement of refund of ICA expenditure incurred in case of any default. We have taken adequate and reasonable assurances from the candidate that he/she would return to the home country upon completion of the Training Course.

Signature and Designation of the
Chief Executive Officer of the Sponsoring Organisation

Place:-----

Date:-----

*[Full name and address of the organisation in which
the candidate is currently working]*

[Seal of the Sponsoring Organisation]

16 ENDORSEMENT OF THE NOMINATING ORGANISATION

[The Nominating Organisation i.e., the ICA Member-organisation/MAFF in the region, would forward the Nomination Forms to the ICA Regional Office with the following endorsement without which the Nomination Forms would not be taken up by the ICA for consideration]

ENDORSEMENT
OF THE NOMINATING ORGANISATION

We certify that the nominated candidate has obtained all clearances [including government clearance] for participation in this training programme, and, that we are satisfied that the nominated candidate possesses all the necessary qualifications, as have been set out by the ICA for this Training Course.

We have also secured sufficient guarantees and reasonable assurances from the candidate and from the relevant sponsoring organisation that the candidate will return to the home country after the completion of the Training Course.

Signature of the official responsible
for forwarding Nomination Papers

Designation

Place:-----

Date:-----

*[Full Name and Address of the
Nominating Organisation]*

[Seal of the Nominating Organisation]

Medical Fitness Certificate

*This Medical Fitness Certificate is to be completed by a qualified medical **practitioner** after necessary clinical/ laboratory tests including a chest x-ray.*

Full Name of ----- MALE/FEMALE
the Candidate

Date of Birth -----DAY/MONTH/YEAR----- Blood Group -----
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01 Is the person examined at present in good health and enjoying full working capacity?

Sight ----- Hearing : -----

02 Is the person physically/mentally capable of undertaking international travels, and carrying on intensive studies away from home?

03 Is the person's chest x-ray clear of any ailments? YES/NO
If, no please explain

04 Does the candidate take any medicine regularly? YES/NO
If **YES**, please specify what medicine, frequency and why?

05 General observations by the Examining Physician.

**LICENCE/
REGISTRATION NUMBER**

*Signature of the Examining Physician
with full name and address and Seal*

Place: -----

Date: -----