

**INTERNATIONAL COOPERATIVE ALLIANCE -
ASIA AND PACIFIC [ICA-AP]**

9 Aradhana Enclaves, R.K. Puram, Sector-13, New Delhi 110066, India.
Telephone: [91-11] 2688-8250. TeleFax No. [91-11] 2688-8067 & 2688-8241. E-Mail: sethu@icaroap.coop

**1st Training Course on
"IMPROVING CAPACITY OF
RURAL WOMEN"**

NOMINATION FORM

TO BE SUBMITTED IN DUPLICATE, DULY COMPLETED

- Paste one passport
size latest photo here
And attach two additional
copies of photo

- [Use colour photo only]

Instructions: [i] Please read through this Nomination Form carefully before attempting to fill it in; [ii] The completed form – in duplicate and in this format – should reach the ICA Regional Office on or before the closing date; [iii] Please typewrite 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 Fitness Certificate and other enclosures, and without the needed endorsements by the Nominating-Organisations are likely to be ignored; [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: are the ICA Member-Organisations which forward the completed applications of candidates to the ICA Regional Office; and **Sponsoring Organisations:** are those where the candidate is actually working and which sponsor the candidates to the ICA Member-Organisations – the Nominating Organisations. The Nominating Organisations then nominate the candidates to the ICA after the initial verifications etc., have been completed.

ALL INFORMATION IN THIS BLOCK SHOULD BE WRITTEN IN BLOCK LETTERS

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

[A] Full Name of the Candidate Ms-----

Short-name (nick name) you would like to be called: _____

[B] Complete Address/Street 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 need full street address to ensure quick delivery]

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

Fax Number [with country code]:-----

Your E-Mail address, if any: -----

Date of Birth: -----

02 EDUCATIONAL AND PROFESSIONAL QUALIFICATIONS

Degree/Certificate Main Subjects University/Institution

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

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

04 PREVIOUS EMPLOYMENT *[past five years only]*

Position Held Institution Duration

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 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 RESIDENCE/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 maximum 500 words is needed in order to know about your organisation where you are working at present and your own 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 the activities of your organisation, directly or indirectly, help the cooperative farmer-members;*
- iii. Main problems of the participation of women in the Cooperative Movement of your country;*
- iv. [a] Why do you wish to join this Training Course? [b] What are your own personal 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 proper arrangements for you, please check your choice below:*

- I am a pure vegetarian – Not even eggs;
- I am a non-vegetarian – Except BEEF/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 maintaining 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 on my behalf;
- v. I agree to respect the decisions and rulings given by the ICA Course Coordinator on issues brought to him pertaining to my participation 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 Three colour photographs – one to be pasted and two to be attached;
- 02 Write-up of 500 words; and
- 03 Medical Fitness Certificate.

Please note that the Nomination Forms, completed in all respects, are to be submitted in duplicate 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 her training.

We have emphasised to the candidate the need of participation 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 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, would forward the Nomination Forms to the ICA-AP 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
- by a Lady Doctor - after necessary clinical/ laboratory tests including a chest x-ray.*

Full Name of -----
the Candidate

Date of Birth ----- Blood Group ----- MARRIED/UNMARRIED

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 Does the candidate suffer from any of these ailments:

Tuberculosis (x-ray Examination)	...	...	...	...	...	...	...	...
Trachoma	...	...	...	...	...	...	...	...
Allergies, if any	...	...	...	...	...	...	...	...
Other ailments e.g., diabetes	...	...	...	...	...	...	...	...

04 Any gynecological disorders/pregnancy, which may prevent candidate's effective stay for about five weeks outside her home country.

05 Does the candidate suffer from any defect/condition e.g., cardiac, which might require treatment during stay abroad?

06 Any history of previous ailments, hospitalization, and the period and seriousness of such an ailment/treatment?

07 Whether the candidate takes any tranquilizers?

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

08 For how long period the candidate is known to the examining physician?

09 General observations by the Examining Physician.

**LICENCE/
REGISTRATION NUMBER**

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

Place: -----

Date: -----