Application Form for Foreign Masters/Post Graduate Diploma/Certificate Course

(All Fields are mandatory)

(A) Applicant's Personal Information:

1.	Applicant's Name	:	
2.	(a) Date of Birth	:	YearMonthDay
	(b) Age as on 15.09.2019	:	
3.	(a) Designation	:	
	(b) Work Address	:	
4.	Name and designation of the Controlling Officer		
5.	Date of Joining in LGED	:	
6.	Date of Permanent (Order/GO need to be attached)	:	
7.	National ID Number	:	
8.	Mobile Number (Personal)	:	
9.	e-mail Address	:	
10.	MRP Passport (Official) Details (If any)	:	Passport Number :
	any)		Expiry Date

(B) English Proficiency Test Details (If any):

10) IELTS Score	
(a) ILLIO OCOIE	

L	istening	Reading	Writing	Speaking	Overall Band	Date of Expiry	
(b) IELTS Registration No :							
` ,	J						
(c)	IELTS Test	Date	:				

(C) Educational Qualifications:

SI	Name of the Course/Degree	Educational Institution/University	CGPA/Division	Passing Year	List of Major Subjects
1.	SSC				Not Required
2.	HSC				Not Required
3.	B.Sc Engineering (Civil) or Equivalent				

3.	B.Sc Engineer or Equivalent	ring (Civil)								
(D) ((D) Options of Courses (Should be described with justification within 200 words):									
	Option-1: N	lame of cou	urse							
	Option-2: Name of course									
	Option-3: N	lame of co	urse							
(E) C	etails of in-Se	ervice Mast	ers/Post Grad	uate Diplo	ma/Certi	ficate Cou	rses:			
(a)	Masters/Post G	raduate Dipl	oma/Certificate (Course Deta	ails :					
	Course Name	Major Subject List	University & Country Name	Study Duration	Grade/ Result	Funding Source	Mention whether the course was conducted by scholarship or self-financing or others			
(b)	Have you curre		for any other Mas	sters/Diplon	na Scholars	ship? (Yes/N	o)			

(b)	Have you currently applied for any other Masters/Diploma Scholarship? (Yes/No)

(c) If yes, please provide the details:

Course Name		Course/Subject University & Country Name		Study Duration (Date from and to)	Funding Source	

(d)	Have been selected a	as a principal or alt	ernative candidate	to any other Scholarsi	nip Program?
	(If yes, please provide	e the details) :			
	Course Name	Course/Subject	University &	Study Duration	Funding

Course Name	Course/Subject List	University & Country Name	Study Duration (Date from and to)	Funding Source

_	derstand that, any	n contained in this app entioned herein will be	
		•	the Applicant
 Daggarana			
Recommenda Controlling Offi			

Controlling Officer/Office (Date, seal and phone number)

Checklist

SI	Details	Pleas	e Tick	Comment
Si	Details	Yes	No	Comment
1.	The completed original application form			
2.	IELTS Test Report (If any)			
3.	Confirmation Order as permanent employee			
4.	Copy of Passport (If any)			
5.	Photocopy of National Identity Card			
6.	Passport size photograph (2 copies)			

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