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| Passport size photo Application Form for the EXCHANGE Scholarship Please read the guidelines for application before filling the form! | | | | | | | | | | |
| Type your information above the black line with font size 10 | | | | | | | | | | |
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| Do not alter layout of pages when completing the form | | | | | | | | | | |
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| **Your personal details** | | | | | | | | | | |
|  |  | | | |  | |  | | |  |
|  | Surname | | | |  | | First name(s) | | |  |
|  |  | | | |  | |  | | |  |
|  | Previous surname (if married) | | | |  | | Date of Birth (dd / mm / yyyy) | | |  |
|  |  | | | |  | |  | | |  |
|  | Gender | | | |  | | Place of Birth | | |  |
|  |  | | | |  | |  | | |  |
|  | Nationality | | | |  | | Highest academic degree obtained | | |  |
|  | | | | | | | | | | |
| **Your current field of study** | | | | | | | | | | |
|  |  | | | |  | |  | | |  |
|  | Degree | | | |  | | Specialisation subject | | |  |
|  |  | | | |  | |  | | |  |
|  | Period for which Scholarship is required (dd/mm/yy-dd/mm/yy) | | | |  | | Number of Months | | |  |
|  | | | | | | | | | | |
| **Contact details of your HOD / professor in charge in India** | | | | | | | | | | |
|  |  | | | | | | | | |  |
|  | Name and Surname | | | | | | | | |  |
|  |  | | | | | | | | |  |
|  | University / Institution and Department | | | | | | | | |  |
|  |  | | |  | |  | |  |  |  |
|  | Designation | | |  | | E-mail | |  | Tel. |  |
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| **Your current address** | | | | | | | | | | |
|  |  | | |  | |  | |  |  |  |
|  | Street, P.O. Box | | |  | | Mobile. | |  | Tel |  |
|  |  |  |  | | | | | | |  |
|  | Postal code |  | City/town | | | | | | |  |
|  |  | | |  | |  | | | |  |
|  | Country | | |  | | E-mail | | | |  |

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| **Your contact person and host institution in France** | | | | |
|  |  |  |  |  |
|  | First Name and Surname |  |  |  |
|  |  | | |  |
|  | University/Institution | | |  |
|  |  | | |  |
|  | Department/Institute | | |  |
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|  | Street/P.O. Box | | |  |
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|  | Postal code |  | City E-mail Tel. |  |

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| **Your application status** | | | | | | |
|  | Do you have a confirmation of your admission in the French institution? | | | | |  |
|  |  | Confirmed |  | Awaited | |  |
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| **Your other application(s)** | | | | | | | |
|  | Are you applying for a scholarship to any other institution? | | | | | |  |
|  |  | Yes |  | No | | |  |
|  |  | | | | | |  |
|  | If so, which? | | | | | |  |
|  |  | | | | | |  |
|  | Have you previously been awarded a French Embassy Scholarship? | | | | | |  |
|  |  | Yes |  | No | Year |  |  |
|  |  | | | | When? |  |  |

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| **Your Curriculum Vitae** | | | | | | | | | | |
|  | | | | | | | | | | |
| **XIIth & University examinations / degrees** | | | | | | | | | | |
| Period  (mm. yyyy) | Name of University/Institution | | | | City | | Degree | | Specialisation | Percentage / CGPA |
|  |  | | | |  | |  | |  |  |
|  | | | | | | | | | | |
| **Academic / Employment record** | | | | | | | | | | |
| Period  (mm.yyyy) | | Name of employer | | | | Organisation | | | Position | |
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| **Previous or present study and stays abroad (including France) of at least two months' duration** | | | | | | | | | | |
| Period  (mm.yyyy) | | | Institution | City, Country | | | | Financed by | | | |
|  | | |  |  | | | |  | | | |

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| **French language proficiency** |
| □ None  DELF / DALF examination A1 □ A2 □ B1 □ B2 □ C1 □ C2 □ |
| If not DELF / DALF, please specify \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  (school / coaching classes / self-taught or any other) |

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| **Where did you hear about this scholarship?** |
| Professor □ Peer / Senior □ Campus France □ Alliance française □ |
| If other, please specify\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |

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| **Statement of Purpose (minimum one page, maximum two pages in Times New Roman - 12)**  Please highlight the reasons for choosing France and the institution where you will be studying. Please also explain why you would be a worthy candidate for the scholarship. |

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| I hereby declare that the above statements are true to my knowledge and belief; that I am of sound health and not physically handicapped in a way that would prevent me from carrying out my project in France.  The French Embassy has my permission to electronically store my personal data, which is required for my scholarship application and my possible stay in France. If a scholarship is awarded to me, my name and institution of origin may be included in lists published by the French Embassy in India.  If I am awarded a Charpak scholarship of excellence, I agree to become a “Charpak Ambassador” of French higher education when I return to India. This may involve taking part in one or two higher education events at the Alliance Française of my city, or in one or two events organized by a Campus France counsellor in my Indian university/ institution of origin. | | | | |
|  |  |  |  |  |
|  | Place & Date |  | Signature |  |