

GOVT. OF NATIONAL CAPITAL TERRITORY OF DELHI
DIRECTORATE OF EDUCATION: SPORTS BRANCH
CHHATRASAL STADIUM: MODEL TOWN: DELHI-110009

No. DE.41/Sports/2014/ 3136-3186 Dated: 14/7/14

Sub.: **Nomination for the Japan-East Asia Network of Exchange for students and Youth Programme(JENESYS) during 2014.**

Please find enclosed herewith a copy of letter dated 27th June, 2014, received from Under Secretary to Government of India, Ministry of Human Resource Development, Department of School Education & Literacy calling thereby the nominations of school students studying in classes IX to XII to be selected to visit Japan in 3 batches during October-December-2014 under the Japan-East Asia Network of Exchange for Students and Youth Programme (JENESYS). About six teachers shall also be selected to accompany the students for the visit.

All the Heads of the schools are requested that the schedule of visit may be brought into the knowledge of the students studying in classes IX to XII and teachers of their respective schools and accordingly the nominations of the desirous students may be sent to this office latest by 24th July 2014 positively.

Encls: as above.

Addl. Director of Education (Sports)

(SATPAL)

Copy to:-

1. All RDEs
2. All DDEs
3. All ADEs
4. All Eos
5. All SPEs
6. All Heads of Govt. schools.
7. PS to Director of Education.
8. O.S (IT) with the request to place the circular on website.

Immediate

F. No. 7-1/2014-SE-II (CDN)
Government of India
Ministry of Human Resource Development
Department of School Education & Literacy

Shastri Bhawan, New Delhi.
Dated the 27th June, 2014.

To

1. The Education Secretaries of all State/UT Governments
2. The Chairman, CBSE, 2, Community Centre, Preet Vihar, Delhi – 110092
3. The Commissioner, KVS, 18, Institutional Area, Shaheed Jeet Sing Marg, New Delhi-110016
4. The Commissioner, NVS, B-15 Institutional Area, Sector 62, Noida- 201307
5. The Secretary, CISCE, Pragati House, 3rd Floor, 47-48, Nehru Place, New Delhi – 110019

Subject: The Japan-East Asia Network of Exchange for Students and Youths Programme (JENESYS) during 2014.

Sir/Madam,

I am directed to say that 182 Indian school students studying in classes IX to XII are to be selected to visit Japan in 3 batches during October-December 2014 under the Japan-East Asia Network of Exchange for Students and Youth Programme (JENESYS). About 6 teachers shall also be selected for the visit. The schedule/details of the programme are as under:-

Batch No. / Name	schedule of Programme	No. of participants	Remarks
Sports – Soccer Batch*	20-28 October, 2014	25 participants including 2 supervisors/ teachers	Only male participants to be nominated.
First Batch (Traditional Culture/Heritage/Art)	10- 18 November, 2014	87 participants including 3 supervisors/ teachers	Male and female participants preferably in 1: 1 ratio and in the age group of 14-18 years.
Second Batch (Sports) **-			
i. Lawn Tennis	8 -16 December, 2014	27 participants including 1 supervisor/ teacher	Male and female participants preferably in 1: 1 ratio.
ii. Basketball	8 -16 December, 2014	27 participants including 1 supervisor/ teacher	
iii. Volleyball	8 -16 December, 2014	26 participants including 1 supervisor/ teacher	

374/88/90E
31/7/14

Utkarsh
R. G. S. Sr. Sang S. S.
P. K. Singh

21/c
*Applicants are required to be playing/ majoring in sports (soccer) and have experience in soccer. The criteria of selection is to be mainly based on excellence in studies/teaching and academic achievements rather than on soccer expertise.

**Applicants are required to be playing/ majoring in Lawn Tennis, Basketball and Volleyball respectively and have experience in the one of these three sports. The criteria of selection is to be mainly based on excellence in studies/teaching and academic achievements rather than sports playing expertise.

The maximum age limit for nomination of teachers is 54 years but preferably should be under 50 years of age. They would be required to supervise youths and cooperate with the Embassy of Japan and the Japanese Government for the smooth implementation of the programme.

Applicants should be bonafide citizens of India and be in good health conditions.

Applicants will be required to submit the photocopy of the passport as soon as it is determined that he/ she is accepted to this programme by the Japan Government.

2 The main objective of the JENESYS programme is to promote interest in Japan among youths and to lay a foundation for future bond among the youths in Asian and Oceanian Countries alongwith mutual understanding and friendship. **General information of the programme, Entry Form etc.** is available on the website of the Ministry (www.mhrd.gov.in under the link for Department of School Education & Literacy > Secondary Education> Autonomus Bodies> CBSE> Jenesys) and may be downloaded from there.

3. The Govt. of Japan will bear the expenditure on account of to and fro air travel from New Delhi to Tokyo, boarding & lodging in Japan etc. All selected participants from States in NER, J&K, A&N Islands and Lakshadweep will be provided with round-trip domestic airfare between the airport in their respective regions and IGI Airport, New Delhi. Most of other selected participants would be required to make arrangements at their own expense for their to and fro travel from IGI Airport, New Delhi to their respective residence. All selected participants would also be required to make arrangement for their stay in New Delhi at their own expense.

4. All State and UT Governments/ CBSE/KVS/NVS/CISCE are requested to forward nominations of students studying in classes IX to XII along with name of Secondary teachers/Senior Secondary teachers for the programme as following:

States/Organizations	Number of nominations for students may be sent (upto)	Number of nominations for teachers may be sent (upto)
Each State/UT Govt. *	30	3
CBSE	350	30
KVS	250	20
NVS	200	15
CISCE	30	3

* State/UT Government shall furnish the list of students/teachers only for those secondary / Senior Secondary schools which are either State Government schools or State Government - aided schools or affiliated to State Education Board.

The students/teachers who had participated in earlier Jenesys programme are not to be nominated for the programme. Preference may be given to the students belonging to SC/ST/OBC category. Preference may not be given to those students who have already visited abroad either in sponsored or private visit.

Following documents are required to be sent **in duplicate** to this Ministry while nominating the students and teachers:

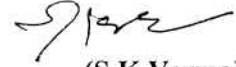
- (i) **Entry Form duly filled in by the students and teachers** (There is separate Entry Form for each Batch/Group. A specimen copy of each of the Entry Forms is attached. The Entry Forms are available on the website of the Ministry and can be downloaded from there).
- (ii) **Information list indicating academic details, extra- curricular activities duly filled in as per proforma given in Annexure-I (attached)** which should be countersigned by the parent and Principal of the school. **(Supporting documents in respect of academic, extra-curricular activities are not required to be sent with the nominations.** Passport sized photo taken with 3 months is to be attached on the allocated space in the Entry Form.
- (iii) All the State Governments/Organizations have to provide the consolidated information in respect of all nominees, as per the proforma attached at **Annexure-II (for students) and Annexure-III (for teachers).** **It may be noted that without the complete/consolidated Statement in Annexure II and III, it may not be possible to consider nominations from the States/UTs/Organizations.**
- (iv) If any information is found to be incorrect/false at any stage, the nomination would be cancelled.

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5. It is therefore, requested that details of the students and teachers along with requisite documents complete in all respects as mentioned at para-4 above may be sent to this Ministry by 5th August, 2014 positively. It may also be noted that there will be no extension beyond the stipulated date in view of the constraint of time.

6. It is also advised to watch the website of the Ministry for further updates.

Enclosures: as above

Yours faithfully,



(S.K.Verma)

Under Secretary to Govt. of India

Tele. 011-23381782

INFORMATION LIST

1. Name of the Student
2. Date of Birth and age as on 1.08.2014
3. Gender (Male/Female)
4. Religion
5. Whether student belong to SC/ST/OBC-Please specify
6. Parents' Annual Income
7. Details of foreign visit made during last five years with indication as to whether any of these were sponsored or private visit :
8. Name of the School & Class in which presently studying
9. Name of the Board to which above school is affiliated.
10. Academic details

Class	Percentage of Marks obtained	Rank in school	Rank in Board/State
VIII			
IX			
X			
XI			

11. Extra Curricular activities

Sports/cultural activities in which participated(year wise)	Position if any at school level	Position if any at District level	Position if any at State level/National level	Remarks if any

12. I do hereby declare that information given by me is true and correct. In case any information is found to be incorrect/false, my candidature is liable to be cancelled.

Signature of the student

13. I do hereby declare that my son/daughter whose details are given above had not participated in the earlier Jenesys Programme. I also declare that information given above is true and correct.

Signature of the parent

14. Certified that information given by the student are true to the best of my knowledge and belief.

Signature of the Principal of the School

Annexure-III

CONSOLIDATED INFORMATION IN RESPECT OF TEACHERS NOMINATED FOR 'JAPAN-EAST ASIA NETWORK OF EXCHANGE OF STUDENTS AND YOUTH PROGRAMME'

Name of the State/UT/Organization :

Total No. of Teachers Recommended :

S.No	Name of the Teacher, Post & School (Date of birth)	Sex	Qualifications	Period of service as teacher, experience, exemplary works/awards/achievements	Remarks

16/11/20

Entry Form for JENESYS 2.0 Sports "Soccer " (India)

Reg.No. _____

1. Personal Information

* Please fill in the form in BLOCK LETTERS in English.

Photo (taken within 3 months) Please write your name on the back of your photo.	Name	Full Name (Exactly the same as your passport) English				
	Given name (English)	Family Name (English)	Middle Name (if any)(English)			
	Full Name (in Mother language)		Nickname (Please specify the name you would like to be called)			
Date of Birth	Day/Month/Year		Age (as of the day of the flight to Japan)			
Nationality			Sex	<input type="checkbox"/> M <input type="checkbox"/> F		
Religion	<input type="checkbox"/> Buddhist <input type="checkbox"/> Christian (<input type="checkbox"/> Roman Catholic <input type="checkbox"/> Protestant <input type="checkbox"/> Other) <input type="checkbox"/> Not Applicable <input type="checkbox"/> Hindu <input type="checkbox"/> Muslim <input type="checkbox"/> Others ()					
Mother Tongue			Marital Status	<input type="checkbox"/> Single <input type="checkbox"/> Married		
Passport**	Number		Type of Passport			
			<input type="checkbox"/> Private <input type="checkbox"/> Diplomat <input type="checkbox"/> Official			
	Date of Issue		Date of Expiry			
	(Day)	(Month)	(Year)	(Day)	(Month)	(Year)
Current Address	Address					
	Tel		Fax			
	Mobile		E-mail			
Contact Person in case of Emergency <small>*It shall be your parent. *If you live with him/her, please leave address blank.</small>	Full Name			Relationship		
	Address					
	Tel		Fax			
	Mobile		E-mail			
	Profession/Occupation					
<small>*If you do not have a phone at your current address, please write a contact person and</small>	Name	Phone Number		E-mail		

**Passport: If you have a valid passport, please fill in the passport section. If you don't have a passport, please leave the section blank.

2. Health Condition

* Please fill in the form in BLOCK LETTERS in English

Blood Type	<input type="checkbox"/> A <input type="checkbox"/> B <input type="checkbox"/> O <input type="checkbox"/> AB <input type="checkbox"/> I don't-know
Health Condition	<input type="checkbox"/> Good
	<input type="checkbox"/> Previously diagnosed serious disease: (: <input type="checkbox"/> fully recovered / <input type="checkbox"/> under treatment)
Health Condition	<input type="checkbox"/> Having Chronic disease:
	<input type="checkbox"/> Chronic lung disease (asthma, chronic obstructive lung disease etc.)
	<input type="checkbox"/> Immunodeficiency state (T cell immunodeficiency etc.)
	<input type="checkbox"/> Chronic heart disease (congenital heart disease, coronary artery disease etc.)
	<input type="checkbox"/> Metabolic disease (diabetes) <input type="checkbox"/> renal dysfunction <input type="checkbox"/> obesity <input type="checkbox"/> myasthenia gravis <input type="checkbox"/> Others ()
Medicine	<input type="checkbox"/> Not taking any medicine
	<input type="checkbox"/> Taking medicine regularly (Specified)
Pregnancy	<input type="checkbox"/> Yes <input type="checkbox"/> No
Food Allergies (only for physical reason)	<input type="checkbox"/> none
	<input type="checkbox"/> pork <input type="checkbox"/> beef <input type="checkbox"/> chicken <input type="checkbox"/> mutton/lamb <input type="checkbox"/> shrimp <input type="checkbox"/> crab <input type="checkbox"/> shellfish
	<input type="checkbox"/> fish <input type="checkbox"/> egg <input type="checkbox"/> others ()
Food Restriction (for religion or custom reason)	<input type="checkbox"/> none
	<input type="checkbox"/> pork <input type="checkbox"/> beef <input type="checkbox"/> chicken <input type="checkbox"/> mutton/lamb <input type="checkbox"/> shrimp <input type="checkbox"/> crab <input type="checkbox"/> shellfish
	<input type="checkbox"/> fish <input type="checkbox"/> egg <input type="checkbox"/> others () <small>*Please be noted that the meals provided in the programme cannot meet all the requests from the participants.</small>
Other Allergies and Restriction	<input type="checkbox"/> none
	<input type="checkbox"/> dogs <input type="checkbox"/> cats <input type="checkbox"/> house dust <input type="checkbox"/> others ()

3. Academic Details

* Please fill in the form in BLOCK LETTERS in English

Information of your School/Organization	Name of School or Organization		Location: (city,province)	
	Field of study(for university students only)			
	Grade/school year (for student) as of the day of the flight to Japan		Tel:	
	Title (for supervisor only)		Fax:	
Language	English Proficiency certificated score (if any, e.g. TOEFL)			
	Level of English		Level of Japanese	
	Speaking: Good Fair Poor		Speaking: Good Fair Poor	
	Writing : Good Fair Poor		Writing : Good Fair Poor	
	Reading : Good Fair Poor		Reading : Good Fair Poor	
	Other Language		Japanese learning experience	Year or Month

4. Personal Activities

* Please fill in the form in BLOCK LETTERS in English

	Activities	Period of Involvement
Sports/Clubs	Sports Awards (if any) :	
Position of Soccer		
Hobbies		
Academic Awards (if any)		

5. Expectations

* Please fill in the form in BLOCK LETTERS in English

<p>Please describe your expectation by participating in this programme.</p>	
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6. Other Information

* Please fill in the form in BLOCK LETTERS in English

Have you ever been to Japan before?	Yes	No	If Yes, When?	
If Yes, what was the purpose of the visit and where did you visit?				
Contact Person in Japan in case of Emergency *If you have any relative or friend in Japan.	Full Name		Relationship	
	Address			
	Tel		E-mail	
*Applicants who have participated in the programme organized by the Japanese Government before are not allowed to take part again.				

Declaration

I hereby certify that the statements made by me in this form are true and correct to the best of my knowledge.

Signature: _____ Date: ____ / ____ / ____ (Day/Month/Year)

Agreement of the Application Guidelines for JENESYS2.0

I hereby agree to all the qualifications written in the Application Guidelines for JENESYS2.0.

Signature: _____ Date: ____ / ____ / ____ (Day/Month/Year)

Parent/guardian (if applicant is under 18 years of age) :

Signature: _____ Date: ____ / ____ / ____ (Day/Month/Year)

Entry Form for JENESYS 2.0 Traditional Culture (15th Batch)

Reg.No. _____

1. Personal Information

* Please fill in the form in BLOCK LETTERS in English.

Photo (taken within 3 months) Please write your name on the back of your photo.	Name	Full Name (Exactly the same as your passport) English		
	Given name (English)	Family Name (English)	Middle Name (if any)(English)	
	Full Name (in Mother language)		Nickname (Please specify the name you would like to be called)	
Date of Birth	Day/Month/Year		Age (as of the day of the flight to Japan)	
Nationality			Sex	<input type="checkbox"/> M <input type="checkbox"/> F
Religion	<input type="checkbox"/> Buddhist <input type="checkbox"/> Christian (<input type="checkbox"/> Roman Catholic <input type="checkbox"/> Protestant <input type="checkbox"/> Other) <input type="checkbox"/> Not Applicable <input type="checkbox"/> Hindu <input type="checkbox"/> Muslim <input type="checkbox"/> Others ()			
Mother Tongue			Marital Status	<input type="checkbox"/> Single <input type="checkbox"/> Married
Passport**	Number		Type of Passport	
			<input type="checkbox"/> Private <input type="checkbox"/> Diplomat <input type="checkbox"/> Official	
		Date of Issue		Date of Expiry
		(Day)	(Month)	(Year)
		(Day)	(Month)	(Year)
Current Address	Address			
	Tel		Fax	
	Mobile		E-mail	
Contact Person in case of Emergency <small>*It shall be your parent. *If you live with him/her, please leave address blank.</small>	Full Name			Relationship
	Address			
	Tel		Fax	
	Mobile		E-mail	
	Profession/Occupation			
<small>*If you do not have a phone at your current address, please write a contact person and</small>	Name		Phone Number	E-mail

**Passport: If you have a valid passport, please fill in the passport section. If you don't have a passport, please leave the section blank.

2. Health Condition

* Please fill in the form in BLOCK LETTERS in English

Blood Type	<input type="checkbox"/> A <input type="checkbox"/> B <input type="checkbox"/> O <input type="checkbox"/> AB <input type="checkbox"/> I don't-know
Health Condition	<input type="checkbox"/> Good <input type="checkbox"/> Previously diagnosed serious disease: (: <input type="checkbox"/> fully recovered / <input type="checkbox"/> under treatment) <input type="checkbox"/> Having Chronic disease: <input type="checkbox"/> Chronic lung disease (asthma, chronic obstructive lung disease etc.) <input type="checkbox"/> Immunodeficiency state (T cell immunodeficiency etc.) <input type="checkbox"/> Chronic heart disease (congenital heart disease, coronary artery disease etc.) <input type="checkbox"/> Metabolic disease (diabetes) <input type="checkbox"/> renal dysfunction <input type="checkbox"/> obesity <input type="checkbox"/> myasthenia gravis <input type="checkbox"/> Others ()
Medicine	<input type="checkbox"/> Not taking any medicine <input type="checkbox"/> Taking medicine regularly (Specified)
Pregnancy	<input type="checkbox"/> Yes <input type="checkbox"/> No
Food Allergies (only for physical reason)	<input type="checkbox"/> none <input type="checkbox"/> pork <input type="checkbox"/> beef <input type="checkbox"/> chicken <input type="checkbox"/> mutton/lamb <input type="checkbox"/> shrimp <input type="checkbox"/> crab <input type="checkbox"/> shellfish <input type="checkbox"/> fish <input type="checkbox"/> egg <input type="checkbox"/> others ()
Food Restriction (for religion or custom reason)	<input type="checkbox"/> none <input type="checkbox"/> pork <input type="checkbox"/> beef <input type="checkbox"/> chicken <input type="checkbox"/> mutton/lamb <input type="checkbox"/> shrimp <input type="checkbox"/> crab <input type="checkbox"/> shellfish <input type="checkbox"/> fish <input type="checkbox"/> egg <input type="checkbox"/> others () *Please be noted that the meals provided in the programme cannot meet all the requests from the participants.
Other Allergies and Restriction	<input type="checkbox"/> none <input type="checkbox"/> dogs <input type="checkbox"/> cats <input type="checkbox"/> house dust <input type="checkbox"/> others ()

3. Academic Details

* Please fill in the form in BLOCK LETTERS in English

Information of your School/Organization	Name of School or Organization		Location: (city, province)	
	Field of study (for university students only)			
	Grade/school year (for student) as of the day of the flight to Japan		Tel:	
	Title (for supervisor only)		Fax:	
Language	English Proficiency certificated score (if any, e.g. TOEFL)			
	Level of English		Level of Japanese	
	Speaking: Good Fair Poor		Speaking: Good Fair Poor	
	Writing : Good Fair Poor		Writing : Good Fair Poor	
	Reading : Good Fair Poor		Reading : Good Fair Poor	
Other Language		Japanese learning experience Year or Month		

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4. Personal Activities

* Please fill in the form in BLOCK LETTERS in English

	Activities	Period of Involvement
Sports/Clubs		
Hobbies		
Academic Awards (if any)		

5. Expectations

* Please fill in the form in BLOCK LETTERS in English

<p>Please describe your expectation by participating in this programme.</p>	
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6. Other Information

* Please fill in the form in BLOCK LETTERS in English

Have you ever been to Japan before?	Yes	No	If Yes, When?	
If Yes, what was the purpose of the visit and where did you visit?				
Contact Person in Japan in case of <u>Emergency</u> <small>*If you have any relative or friend in Japan.</small>	Full Name		Relationship	
	Address			
	Tel		E-mail	

*Applicants who have participated in the programme organized by the Japanese Government before are not allowed to take part again.

Declaration

I hereby certify that the statements made by me in this form are true and correct to the best of my knowledge.

Signature: _____ Date: ____ / ____ / ____ (Day/Month/Year)

Agreement of the Application Guidelines for JENESYS2.0

I hereby agree to all the qualifications written in the Application Guidelines for JENESYS2.0.

Signature: _____ Date: ____ / ____ / ____ (Day/Month/Year)

Parent/guardian (if applicant is under 18 years of age) :

Signature: _____ Date: ____ / ____ / ____ (Day/Month/Year)

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Entry Form for JENESYS 2.0 Sports (General) "Tennis" (IndiaB)

Reg.No. _____

1. Personal Information

* Please fill in the form in BLOCK LETTERS in English.

Photo (taken within 3 months) Please write your name on the back of your photo.	Name	Full Name (Exactly the same as your passport) English		
	Given name (English)	Family Name (English)	Middle Name (if any)(English)	
	Full Name (in Mother language)		Nickname (Please specify the name you would like to be called)	
Date of Birth	Day/Month/Year		Age (as of the day of the flight to Japan)	
Nationality			Sex	<input type="checkbox"/> M <input type="checkbox"/> F
Religion	<input type="checkbox"/> Buddhist <input type="checkbox"/> Christian (<input type="checkbox"/> Roman Catholic <input type="checkbox"/> Protestant <input type="checkbox"/> Other) <input type="checkbox"/> Not Applicable <input type="checkbox"/> Hindu <input type="checkbox"/> Muslim <input type="checkbox"/> Others ()			
Mother Tongue			Marital Status	<input type="checkbox"/> Single <input type="checkbox"/> Married
Passport**	Number		Type of Passport	
			<input type="checkbox"/> Private <input type="checkbox"/> Diplomat <input type="checkbox"/> Official	
Date of Issue		Date of Expiry		
(Day) (Month) (Year)		(Day) (Month) (Year)		
Current Address	Address			
	Tel		Fax	
	Mobile		E-mail	
Contact Person in case of Emergency <small>*It shall be your parent. *If you live with him/her, please leave address blank.</small>	Full Name			Relationship
	Address			
	Tel		Fax	
	Mobile		E-mail	
	Profession/Occupation			
<small>*If you do not have a phone at your current address, please write a contact person and</small>	Name	Phone Number		E-mail

**Passport: If you have a valid passport, please fill in the passport section. If you don't have a passport, please leave the section blank.

2. Health Condition

* Please fill in the form in BLOCK LETTERS in English

Blood Type	<input type="checkbox"/> A <input type="checkbox"/> B <input type="checkbox"/> O <input type="checkbox"/> AB <input type="checkbox"/> I don't-know
Health Condition	<input type="checkbox"/> Good
	<input type="checkbox"/> Previously diagnosed serious disease: (: <input type="checkbox"/> fully recovered / <input type="checkbox"/> under treatment)
Medicine	<input type="checkbox"/> Having Chronic disease: <input type="checkbox"/> Chronic lung disease (asthma, chronic obstructive lung disease etc.) <input type="checkbox"/> Immunodeficiency state (T cell immunodeficiency etc.) <input type="checkbox"/> Chronic heart disease (congenital heart disease, coronary artery disease etc.) <input type="checkbox"/> Metabolic disease (diabetes) <input type="checkbox"/> renal dysfunction <input type="checkbox"/> obesity <input type="checkbox"/> myasthenia gravis <input type="checkbox"/> Others ()
	<input type="checkbox"/> Not taking any medicine
	<input type="checkbox"/> Taking medicine regularly (Specified)
	<input type="checkbox"/> Yes <input type="checkbox"/> No
	<input type="checkbox"/> none
Food Allergies (only for physical reason)	<input type="checkbox"/> pork <input type="checkbox"/> beef <input type="checkbox"/> chicken <input type="checkbox"/> mutton/lamb <input type="checkbox"/> shrimp <input type="checkbox"/> crab <input type="checkbox"/> shellfish <input type="checkbox"/> fish <input type="checkbox"/> egg <input type="checkbox"/> others ()
	<input type="checkbox"/> none
Food Restriction (for religion or custom reason)	<input type="checkbox"/> pork <input type="checkbox"/> beef <input type="checkbox"/> chicken <input type="checkbox"/> mutton/lamb <input type="checkbox"/> shrimp <input type="checkbox"/> crab <input type="checkbox"/> shellfish <input type="checkbox"/> fish <input type="checkbox"/> egg <input type="checkbox"/> others ()
	*Please be noted that the meals provided in the programme cannot meet all the requests from the participants.
Other Allergies and Restriction	<input type="checkbox"/> none
	<input type="checkbox"/> dogs <input type="checkbox"/> cats <input type="checkbox"/> house dust <input type="checkbox"/> others ()

3. Academic Details

* Please fill in the form in BLOCK LETTERS in English

Information of your School/Organization	Name of School or Organization		Location: (city, province)	
	Field of study (for university students only)			
	Grade/school year (for student) as of the day of the flight to Japan		Tel:	
	Title (for supervisor only)		Fax:	
Language	English Proficiency certificated score (if any, e.g. TOEFL)			
	Level of English		Level of Japanese	
	Speaking: Good Fair Poor		Speaking: Good Fair Poor	
	Writing : Good Fair Poor		Writing : Good Fair Poor	
	Reading : Good Fair Poor		Reading : Good Fair Poor	
Other Language		Japanese learning experience	Year or Month	

4. Personal Activities

* Please fill in the form in BLOCK LETTERS in English

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	Activities	Period of Involvement
Sports/Clubs	Sports Awards (if any) :	
Hobbies		
Academic Awards (if any)		

5. Expectations

* Please fill in the form in BLOCK LETTERS in English

<p>Please describe your expectation by participating in this programme.</p>	
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6. Other Information

* Please fill in the form in BLOCK LETTERS in English

Have you ever been to Japan before?	Yes	No	If Yes, When?	
If Yes, what was the purpose of the visit and where did you visit?				
Contact Person in Japan in case of Emergency *If you have any relative or friend in Japan.	Full Name		Relationship	
	Address			
	Tel		E-mail	

*Applicants who have participated in the programme organized by the Japanese Government before are not allowed to take part again.

Declaration

I hereby certify that the statements made by me in this form are true and correct to the best of my knowledge.

Signature: _____ Date: ____ / ____ / ____ (Day/Month/Year)

Agreement of the Application Guidelines for JENESYS2.0

I hereby agree to all the qualifications written in the Application Guidelines for JENESYS2.0.

Signature: _____ Date: ____ / ____ / ____ (Day/Month/Year)

Parent/guardian (if applicant is under 18 years of age) :

Signature: _____ Date: ____ / ____ / ____ (Day/Month/Year)

2. Health Condition

* Please fill in the form in BLOCK LETTERS in English



Blood Type	<input type="checkbox"/> A <input type="checkbox"/> B <input type="checkbox"/> O <input type="checkbox"/> AB <input type="checkbox"/> I don't-know
Health Condition	<input type="checkbox"/> Good
	<input type="checkbox"/> Previously diagnosed serious disease: (: <input type="checkbox"/> fully recovered / <input type="checkbox"/> under treatment)
Health Condition	<input type="checkbox"/> Having Chronic disease:
	<input type="checkbox"/> Chronic lung disease (asthma, chronic obstructive lung disease etc.)
	<input type="checkbox"/> Immunodeficiency state (T cell immunodeficiency etc.)
	<input type="checkbox"/> Chronic heart disease (congenital heart disease, coronary artery disease etc.)
	<input type="checkbox"/> Metabolic disease (diabetes) <input type="checkbox"/> renal dysfunction <input type="checkbox"/> obesity <input type="checkbox"/> myasthenia gravis <input type="checkbox"/> Others ()
Medicine	<input type="checkbox"/> Not taking any medicine <input type="checkbox"/> Taking medicine regularly (Specified)
Pregnancy	<input type="checkbox"/> Yes <input type="checkbox"/> No
Food Allergies (only for physical reason)	<input type="checkbox"/> none <input type="checkbox"/> pork <input type="checkbox"/> beef <input type="checkbox"/> chicken <input type="checkbox"/> mutton/lamb <input type="checkbox"/> shrimp <input type="checkbox"/> crab <input type="checkbox"/> shellfish <input type="checkbox"/> fish <input type="checkbox"/> egg <input type="checkbox"/> others ()
Food Restriction (for religion or custom reason)	<input type="checkbox"/> none <input type="checkbox"/> pork <input type="checkbox"/> beef <input type="checkbox"/> chicken <input type="checkbox"/> mutton/lamb <input type="checkbox"/> shrimp <input type="checkbox"/> crab <input type="checkbox"/> shellfish <input type="checkbox"/> fish <input type="checkbox"/> egg <input type="checkbox"/> others () <small>*Please be noted that the meals provided in the programme cannot meet all the requests from the participants.</small>
Other Allergies and Restriction	<input type="checkbox"/> none <input type="checkbox"/> dogs <input type="checkbox"/> cats <input type="checkbox"/> house dust <input type="checkbox"/> others ()

3. Academic Details

* Please fill in the form in BLOCK LETTERS in English

Information of your School/Organization	Name of School or Organization		Location: (city, province)	
	Field of study (for university students only)			
	Grade/school year (for student) as of the day of the flight to Japan		Tel:	
	Title (for supervisor only)		Fax:	
Language	English Proficiency certificated score (if any, e.g. TOEFL)			
	Level of English		Level of Japanese	
	Speaking: Good Fair Poor		Speaking: Good Fair Poor	
	Writing : Good Fair Poor		Writing : Good Fair Poor	
	Reading : Good Fair Poor		Reading : Good Fair Poor	
Other Language		Japanese learning experience	Year or Month	

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4. Personal Activities

* Please fill in the form in BLOCK LETTERS in English

	Activities	Period of Involvement
Sports/Clubs	Sports Awards (if any) :	
Hobbies		
Academic Awards (if any)		

5. Expectations

* Please fill in the form in BLOCK LETTERS in English

Please describe your expectation by participating in this programme.	
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6. Other Information

* Please fill in the form in BLOCK LETTERS in English

Have you ever been to Japan before?	Yes	No	If Yes, When?	
If Yes, what was the purpose of the visit and where did you visit?				
Contact Person in Japan in case of <u>Emergency</u> *If you have any relative or friend in Japan.	Full Name		Relationship	
	Address			
	Tel		E-mail	

*Applicants who have participated in the programme organized by the Japanese Government before are not allowed to take part again.

Declaration

I hereby certify that the statements made by me in this form are true and correct to the best of my knowledge.

Signature: _____ Date: ____ / ____ / ____ (Day/Month/Year)

Agreement of the Application Guidelines for JENESYS2.0

I hereby agree to all the qualifications written in the Application Guidelines for JENESYS2.0.

Signature: _____ Date: ____ / ____ / ____ (Day/Month/Year)

Parent/guardian (if applicant is under 18 years of age) :

Signature: _____ Date: ____ / ____ / ____ (Day/Month/Year)

Entry Form for JENESYS 2.0 Sports (General) "Volleyball" (India A)

Reg.No. _____

1. Personal Information

* Please fill in the form in BLOCK LETTERS in English.

Photo
(taken within 3 months)
Please write your name on the back of your photo.

Name	Full Name (Exactly the same as your passport)		
	English		
Given name (English)	Family Name (English)	Middle Name (if any)(English)	
Full Name (in Mother language)		Nickname (Please specify the name you would like to be called)	

Date of Birth	Day/Month/Year	Age (as of the day of the flight to Japan)	
Nationality		Sex	<input type="checkbox"/> M <input type="checkbox"/> F
Religion	<input type="checkbox"/> Buddhist <input type="checkbox"/> Christian (<input type="checkbox"/> Roman Catholic <input type="checkbox"/> Protestant <input type="checkbox"/> Other) <input type="checkbox"/> Not Applicable <input type="checkbox"/> Hindu <input type="checkbox"/> Muslim <input type="checkbox"/> Others ()		
Mother Tongue		Marital Status	<input type="checkbox"/> Single <input type="checkbox"/> Married
Passport**	Number		Type of Passport
			<input type="checkbox"/> Private <input type="checkbox"/> Diplomat <input type="checkbox"/> Official
	Date of Issue	Date of Expiry	
	(Day) (Month) (Year)	(Day) (Month) (Year)	
Current Address	Address		
	Tel	Fax	
	Mobile	E-mail	
Contact Person in case of <u>Emergency</u> <small>*It shall be your parent. *If you live with him/her, please leave address blank.</small>	Full Name		Relationship
	Address		
	Tel	Fax	
	Mobile	E-mail	
	Profession/Occupation		
<small>*If you do not have a phone at your current address, please write a contact person and</small>	Name	Phone Number	E-mail

**Passport: If you have a valid passport, please fill in the passport section. If you don't have a passport, please leave the section blank.

2. Health Condition

* Please fill in the form in BLOCK LETTERS in English

Blood Type	<input type="checkbox"/> A <input type="checkbox"/> B <input type="checkbox"/> O <input type="checkbox"/> AB <input type="checkbox"/> I don't-know
Health Condition	<input type="checkbox"/> Good
	<input type="checkbox"/> Previously diagnosed serious disease: (: <input type="checkbox"/> fully recovered / <input type="checkbox"/> under treatment)
Health Condition	<input type="checkbox"/> Having Chronic disease:
	<input type="checkbox"/> Chronic lung disease (asthma, chronic obstructive lung disease etc.)
	<input type="checkbox"/> Immunodeficiency state (T cell immunodeficiency etc.)
	<input type="checkbox"/> Chronic heart disease (congenital heart disease, coronary artery disease etc.)
	<input type="checkbox"/> Metabolic disease (diabetes) <input type="checkbox"/> renal dysfunction <input type="checkbox"/> obesity <input type="checkbox"/> myasthenia gravis <input type="checkbox"/> Others ()
Medicine	<input type="checkbox"/> Not taking any medicine
	<input type="checkbox"/> Taking medicine regularly (Specified)
Pregnancy	<input type="checkbox"/> Yes <input type="checkbox"/> No
Food Allergies (only for physical reason)	<input type="checkbox"/> none
	<input type="checkbox"/> pork <input type="checkbox"/> beef <input type="checkbox"/> chicken <input type="checkbox"/> mutton/lamb <input type="checkbox"/> shrimp <input type="checkbox"/> crab <input type="checkbox"/> shellfish
	<input type="checkbox"/> fish <input type="checkbox"/> egg <input type="checkbox"/> others ()
Food Restriction (for religion or custom reason)	<input type="checkbox"/> none
	<input type="checkbox"/> pork <input type="checkbox"/> beef <input type="checkbox"/> chicken <input type="checkbox"/> mutton/lamb <input type="checkbox"/> shrimp <input type="checkbox"/> crab <input type="checkbox"/> shellfish
	<input type="checkbox"/> fish <input type="checkbox"/> egg <input type="checkbox"/> others ()
*Please be noted that the meals provided in the programme cannot meet all the requests from the participants.	
Other Allergies and Restriction	<input type="checkbox"/> none
	<input type="checkbox"/> dogs <input type="checkbox"/> cats <input type="checkbox"/> house dust <input type="checkbox"/> others ()

3. Academic Details

* Please fill in the form in BLOCK LETTERS in English

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4. Personal Activities

* Please fill in the form in BLOCK LETTERS in English

	Activities	Period of Involvement
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5. Expectations

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Signature: _____ Date: ____ / ____ / ____ (Day/Month/Year)

Parent/guardian (if applicant is under 18 years of age) :

Signature: _____ Date: ____ / ____ / ____ (Day/Month/Year)