### 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: \4/7/19

# 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 27<sup>th</sup> 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 24<sup>th</sup> July 2014 positively.

Encls: as above.

Addl. Director of Education (Sports)

Copy to:-

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

224

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

Kold De (Mayor)

Shastri Bhawan, New Delhi. Dated the 27<sup>th</sup> June, 2014.

- 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	participants to be		
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			
ii. Basketball	8 -16 December, 2014	supervisor/ teacher  27 participants including 1 supervisor/ teacher	Male and female participants preferably in 1: 1 ratio.		
iii. Volleyball	8 -16 December, 2014	26 participants including 1 supervisor/ teacher			

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\*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.

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\*\*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.

- 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 Autonoums 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:

200

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 5<sup>th</sup> 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

18/-

#### Annexure II

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

### NAME OF THE STATE/UT/ORGANIZATION:

S.No	Name of	Sex	Name of	Class in	Percentage		Acaden	nic Recor	d	Co	-curricular acti	vities		Passport
	Student	(M/F)	the	which	of marks	Position	Position	Position	Details of	Sports	Cultural with	Debates/qui	Details of	number,
		and	School	studying	in previous	in the	in The	in the	Scholarships	with level	level of	zetc. With	foreign	if any
		DOB	and	M 1476	Class	School	District	State/		of	participation	level of	visits during	
		(dd/mm	Board					Board		participati	i.e.school/	participation	last 5	
		/уууу)								on	district	i.e. school/	years(please	
		and age								i.e.school/	/state/national	district/state	indicate 'N'	
		as on								district		/national	also if never	
		1.08.								/state/nati		10	visitd any	
		2014								onal		(4	foreign	
													country any	
													time	
_														



# 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)	Qualifications	Period of service as teacher, experience, exemplary works/awards/achievements	Remarks

address, please write a contact person and



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

		Full Nan	ne (Exactly t	he same as	your passpor	rt)			
	Name	English							
Photo (taken within 3									
months)	Given name (En	iglish)	ramily Na	ame (English) Middle Name (if any)(Englis					
Please write your									
name on the			area v		Nickname (P	ease specify			
back of your photo.	Full Name (in M	other langu		the name you wou					
F10-500									
Date of Birth	Day/Month/Year	r		8	Age (as of the day of the flight to Japan)				
Nationality					Sex	□м	□F		
Religion	□Buddhist □Chr □Hindu □Mus		n Catholic Pr	rotestant 🗆 Ot	her)   Not App	olicable			
Mother Tongue			Marita	I Status	□Single	□Mar	ried		
	Number			Type of Pa	ssport				
				☐ Private	☐ Diploma	t □Off	icial		
Passport**	Date of Issue			Date of Ex	piry				
	(Day)	(Month)	(Year)	(Day)	(Mont	th)	(Year		
	Address								
Current Address	Tel			Fax					
	Mobile	E-mail							
Contact Person	Full Name					Relation	ship		
in case of Emergency shall be your parent.	Address								
you live with him/her,	Tel			Fax					
lease leave address blank.	Mobile			E-mail					
	Profession/Occ	upation							
If you do not have a	Name		Phone Nu	mber	E-mail				

<sup>\*\*</sup>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.

Blood Type	□A	□в		□AB	☐ I don't-know	•			
	□Goo	d							
	□Prev	iously	diagno	sed seri	ous disease:				
	( treatme	( : □fully recovered / □under treatment)							
Health Condition	□Chro	onic lun unodef onic hea abolic d	g disea iciency art dise	state (T o	na, chronic obstruc tell immunodeficier tenital heart diseas ) □renal dysfunct )	ncy etc.) e, coronary	artery di	sease etc.)	
	□Not	taking	any m	edicine					
Medicine	□Taki	ing me	dicine	regularly	(Specified		)		
Pregnancy	□Yes	□No	)						
Food Allergies	□none	9							
(only for physical	□pork	□be	eef [	chicken	□mutton/lamb	□shrimp	□crab	□shellfish	
reason)	□fish	□egg	□oti	ners (				)	
	□none	9							
Food Restriction (for religion or	□pork	□be	eef [	chicken	□mutton/lamb	□shrimp	□crab	□shellfish	
		Поля	□oti	ners (				)	
custom reason)	□fish	⊔egg		10.3					

Restriction □dogs □ cats ☐house dust □others ( 3. Academic Details \* Please fill in the form in BLOCK LETTERS in English Name of School or Organization Location: (city,province) Field of study(for university students only) Information of your School/Organization Grade/school year (for student) Tel: as of the day of the flight to Japan Title (for supervisor only) Fax: **English Proficiency** certificated score (if any, e.g. TOEFL) Level of English Level of Japanese Speaking: Good Fair Poor Speaking: Good Fair Poor Language Writing : Good Poor Fair Writing : Good Fair Poor Reading: Good Fair Poor Reading : Good Fair Poor Japanese Year or Month Other Language learning experience

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4	P *sol	nal A	ctiv	ities
_	30		CLIV	LICS

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

		Act	ivities			Period of Involvement
Sports/Clubs	Sports Awards ( if	any):	300305.			
Position of Soccer						
Hobbies						
Academic Awards (if any)				×		
5. Expectations				* Please fill in	the form in BLOC	CK LETTERS in English
Please describe your expectation by participating in this programme.						
6. Other Informati	on			* Please fill in	the form in BLOC	CK LETTERS in English
Have you ever been to		Yes	No	If Yes, When?		
If Yes, what was the position and where did yo						
Contact Perso in case of <u>Err</u> *If you have any relative	nergency	Full Name Address Tel		E-mail	Relationship	
*Applicants who have participate	ed in the programme organ	ized by the Japane	se Govern	ment before are no	ot allowed to take p	art again.
Declaration I hereby certify that the	20 85 38					
Signature:		Date:		(	Day/Month/Y	ear)
Agreement of the Appl	lication Guidelines	s for JENESY	'S2.0			
I hereby agree to all the	qualifications writte	en in the Appl	ication (	Guidelines for	JENESYS2.0	).
Signature:	Personal Inc.	Date: _			_(Day/Month/	Year)
Parent/guardian (if app	plicant is under 18	years of age	e):			
Signature:	-	Date:			_(Day/Month	/Year)

contact person and



Reg.No.

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

		Full Nar	ne (Exactly t	he same as	your passpor	t)	
Photo	Name	English					
(taken within 3 months) Please write your	Given name (Eng	glish)	me (English)	Middle Name (if any)(English			
name on the back of your photo.	Full Name (in Mo	ther langu	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	□М □F	
Religion	□Buddhist □Chris □Hindu □Muslin		n Catholic □Pr	otestant □Oth	er)   Not Appl	icable	
Mother Tongue			Marita	I Status	□Single	□Married	
***	Number Type of Passport						
				☐ Private	☐ Diplomat	□Official	
Passport**	Date of Issue			Date of Exp	piry		
	(Day)	(Month)	(Year)	(Day)	(Mont	th) (Year	
	Address						
Current Address	Tel Fax						
	Mobile		E-mail				
	Full Name			L-IIIaii		Relationship	
Contact Person							
in case of Emergency t shall be your parent.	Address						
f you live with him/her,							
please leave address blank.	Mobile			E-mail			
	Profession/Occu	pation					
*If you do not have a phone at your current	Name		Phone Nu	mber	E-mail		

<sup>\*\*</sup>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.H	eal	lth	Con	dit	ion
	CA		~~		

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

Blood Type	□A □B □O □AB □ I don't-l	know						
•	□Good							
	□Previously diagnosed serious disease ( treatment)	e: : □fully recovered / □under						
Health Condition	□ Having Chronic disease: □ Chronic lung disease (asthma, chronic disease) □ Immunodeficiency state (T cell immunodeficiency state) □ Chronic heart disease (congenital heart) □ Metabolic disease (diabetes) □ renal dy □ Others (	deficiency etc.) disease, coronary artery disease etc.)						
Medicine	Not taking any medicine							
modification	□Taking medicine regularly (Specified )							
Pregnancy	□Yes □No							
Food Allergies (only for physical reason)	□none □pork □beef □chicken □mutton □fish □egg □others (	/lamb □shrimp □crab □shellfish						
Food Restriction (for religion or custom reason)	□none □pork □beef □chicken □mutton/lamb □shrimp □crab □shellfish □fish □egg □others (  *Please be noted that the meals provided in the programme cannot meet all the requests from the participant							
Other Allergies and Restriction	□none □dogs □cats □house dust □othe	ore /						
LIST TO SAIL TO VALUE OF		)						
3. Academic Det		* Please fill in the form in BLOCK LETTERS in English						
Information of your School/Organization	Name of School or Organization Field of study(for university students of	Location: (city,province)						
ocnoon organization	Grade/school year (for student) as of the day of the flight to Japan	Tel:						
	Title (for supervisor only)	Fax:						
	English Proficiency certificated score (if any, e.g. TOEFL)							
	Level of English	Level of Japanese						
	Speaking: Good Fair Poor	Speaking: Good Fair Poor						
Language	Writing : Good Fair Poor	Writing : Good Fair Poor						
c-	Reading : Good Fair Poor	Reading : Good Fair Poor						
	Other Language	Japanese Year or Month						

10/-

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4.	_	-50	nai	A	ca	ıv	ш	es

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

		Act	ivities			Period of Involvement
Sports/Clubs						myorymone
Hobbies						
Academic Awards (if any)						ke
5. Expectations				* Please fill in	the form in BLOCK	LETTERS in English
Please describe your expectation by participating in this programme.						
6. Other Informat	tion			* Please fill in	the form in BLOCK	LETTERS in English
Have you ever been t	o Japan before?	Yes	No	If Yes, When?		
If Yes, what was the pand where did you vis						
		Full Name			Relationship	
Contact Perso in case of E	A CONTRACT OF THE PROPERTY OF	Address				
*If you have any relative		Tel		E-mail		
*Applicants who have participal	ted in the programme organ	I ized by the Japan	ese Govern	ment before are n	ot allowed to take pa	rt again.
Declaration						
I hereby certify that the	statements made by	y me in this fo	orm are t	rue and corre	ct to the best of	my knowledge.
Signature:		Date:	1	([	Day/Month/Yea	r)
Agreement of the App	olication Guidelines	for JENESY	′S2.0			
I hereby agree to all the	e qualifications writte	n in the Appli	cation G	uidelines for .	JENESYS2.0.	
Signature:		Date: _		1	(Day/Month/Ye	ear)
Parent/guardian (if ap	pplicant is under 18	years of age	e) :			
Name - Control of the Control		D-4	100	¥0	(D/B#41-0)	



Reg.No.

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

i. Personal infor	mation				IN BLOCK LE		igiisii	
		Full Name (Exactly the same as your passport)						
Di-	Name	English	English					
Photo (taken within 3								
months)	Given name (Eng	lish)	Family Na	me (English)	Middle Nam	e (if any)(En	glish	
Please write your								
name on the					Company of the compan			
back of your	Full Name (in Mo	ther langua	ige)		Nickname (Pi		-41	
photo.			5 11		the name you wou	id like to be calle	ea)	
Date of Birth	Day/Month/Year		36		Age (as of the day of the flight to			
The second secon	The second secon				Japan)			
Nationality					Sex	□м	□F	
Religion	□Buddhist □Christ □Hindu □Muslir		Catholic □Pr s (	rotestant □Otf	her)   Not App	licable		
Mother Tongue			Marita	I Status	□Single	□Marrie	d	
	Number Type of Pas				ssport			
				☐ Private	☐ Diplomat	□Officia	ıl	
Passport**	Date of Issue			Date of Exp	oiry			
	(Day)	(Month)	(Year)	(Day)	(Mont	h) (Y	ear)	
	Address							
Current Address	Tel			Fax				
	Mobile			E-mail				
	Full Name			E-IIIali		Relationsh	in	
Contact Domes	l un rame					Relationsii	ıρ	
Contact Person in case of	Address							
Emergency	Address							
*It shall be your parent.								
'If you live with him/her,	Tel			Fax				
please leave address blank.	Mobile			E-mail				
	Profession/Occu	pation						
"If you do not have a phone at your current address, please write a contact person and	Name		Phone Nu	mber	E-mail			

2.	Н	ea	lth	Con	dition
----	---	----	-----	-----	--------

<ul> <li>Please</li> </ul>	fill in the	form in	BLOCK L	ETTERS.	in English

Blood Type	□A □B □O	□AB	□ I don't-k	now					
	□Good				*				
	□Previously diagnosed serious disease:								
	(				: □fully	recover	ed / □under		
	treatment)						100		
Health Condition	☐ Having Chronic	disease:							
	☐Chronic lung dise				-	se etc.)			
	☐Immunodeficienc ☐Chronic heart dis					tery dise	ase etc.)		
	☐Metabolic disease (diabetes) ☐renal dysfunction ☐obesity ☐myasthenia g								
	□Others (								
Medicine	□Not taking any n		9						
	☐Taking medicine	e regularly	(Specified			)			
V <b>.</b>									
Pregnancy	□Yes □No								
	□none								
Food Allergies (only for physical	550 A A A A A A A A A A A A A A A A A A	□chicken	□mutton/	lamh ∏si	hrimn [	Tcrah	□shellfish		
reason)	□pork □beef □chicken □mutton/lamb □shrimp □crab □shellfish □fish □egg □others ( )								
	□none	ancis (							
Food Restriction	□pork □beef □chicken □mutton/lamb □shrimp □crab □shellfish								
(for religion or custom reason)	□fish □egg □others ( )								
Custom reason)	*Please be noted that the meals provided in the programme cannot meet all the requests from the participants.								
Other Allergies and	□none								
Restriction	□dogs □cats	□house d	lust 🗆 othe	ers (					
3. Academic Det	ails			Please fill in	the form in	BLOCKI	ETTERS in English		
C. Adudomio Bet	Name of School o	r Organiza	tion	r icuse iii iir			province)		
		573							
Information of your	Field of study(for	university	students or	ıly)					
School/Organization									
	Grade/school year as of the day of the fligh		ent)		Tel:				
	Title (for supervise				Fax:				
	English Proficiency			10					
	certificated score (if any TOEFL)	/, e.g.							
	Level	of English	1		Level o	f Japan	ese		
	Speaking: Good	Fair	Poor	Speaking:	Good	Fair	Poor		
Language	Writing : Good	Fair F	Poor	Writing:	Good	Fair	Poor		
	Reading : Good	Fair F	Poor	Reading :	Good	Fair	Poor		
	Other Language			Japanese learning	Year or	Month			

experience

4. Pr sonal Activities			* Please fill in	the form in BLOCK	LETTERS in Engli
	Acti	ivities			Period of Involvement
Sports/Clubs Sports Awards ( if	fany):				
Hobbies					
Academic Awards (if any)					
5. Expectations			* Please fill in	the form in BLOCK	LETTERS in Engli
Please describe your expectation by participating in this programme.					
6. Other Information lave you ever been to Japan before?	Yes	No	* Please fill in	the form in BLOCK	LETTERS in Engl
f Yes, what was the purpose of the risit and where did you visit?		1,100-2,1			
	Full Name			Relationship	
Contact Person in Japan in case of <u>Emergency</u>	Address				
*If you have any relative or friend in Japan.	Tel		E-mail		
Applicants who have participated in the programme orga	inized by the Japane	se Govern	ment before are no	ot allowed to take par	t again.
Declaration hereby certify that the statements made	by me in this fo	orm are	true and corre	ect to the best o	f my knowledge
Signature:	Date:		(	Day/Month/Ye	ar)
Agreement of the Application Guideline	s for JENESY	'S2.0			
hereby agree to all the qualifications writ	ten in the Appl	ication (	Guidelines for	JENESYS2.0.	
Signature:	Date: _		1	_(Day/Month/Y	ear)
Parent/guardian (if applicant is under 1	8 years of age	e):			
Signature:	Date:			_(Day/Month/	rear)



Reg.No.

## Entry Form for JENESYS 2.0 Sports (General) "Basketball" (India C

i. Personai intor	mation	T	Co. School Strangers			TERS in English			
		Full Name (Exactly the same as your passport)							
Photo	Name	English	English						
(taken within 3	Given name (Eng	llish)	Family Na	me (Englisl	nglish) Middle Name (if any)(English)				
months) Please write your									
name on the			1		Niekasme	10 charact 16 (un 1600 (18 m) (u)			
back of your	Full Name (in Mo	ther langua	age)	H.	Nickname (Ple the name you would				
photo.									
			-		Age (as of the				
Date of Birth	Day/Month/Year		6H0-10-10-10-10-10-10-10-10-10-10-10-10-10		day of the flight to Japan)				
Nationality					Sex	□M □F			
Religion	□Buddhist □Chris □Hindu □Muslir		n Catholic □Pr rs (	rotestant 🗆 🤇	Other) □Not App	licable			
Mother Tongue	Marital Status □Singl				□Single	e □Married			
	Number Type of Passport								
				☐ Privat	e   Diplomat	□Official			
Passport**	Date of Issue			Date of E	xpiry				
	(Day)	(Month)	(Year)	(Day	y) (Mont	h) (Year)			
Current Address	Address			A					
	Tel		***	Fax					
	Mobile								
Contact Person	Full Name	÷				Relationship			
in case of  Emergency *It shall be your parent.	Address								
If you live with him/her,	Tel			Fax					
please leave address blank.	Mobile			E-mail					
	Profession/Occu	pation							
*If you do not have a phone at your current address, please write a contact person and	Name		Phone Nu	mber	E-mail				

•				•			
2.	н	ea	ith	Co	na	ITIO	n

Z.Health Conditi						the form in	BLOCK	LETTERS in Engl
Biood Type	□A □B	O	]AB []	l don't-kno	W			
	□Good	□Good						
	□Previously	y diagnose	d serious	disease:				
	( treatment)					: Lifully	recove	red / □under
	ueaunent)							
<b>Health Condition</b>	☐Having Ch	nronic dise	ase:					
	□Chronic lui						ase etc.)	
	☐Immunode ☐Chronic he						terv disa	ease etc.)
	The state of the s					The state of the s		sthenia gravis
	□Others (			) -				
Madiaina	□Not taking	any medic	ine					
Medicine	☐Taking me	edicine reg	ularly (Sp	ecified			)	
Pregnancy	□Yes □N	lo						
Food Allergies	□none							
(only for physical	□pork □beef □chicken □mutton/lamb □shrimp □crab □shellfish							
reason)	□fish □egg □others ( )							
	□none							
Food Restriction	□pork □beef □chicken □mutton/lamb □shrimp □crab □shellfish							
(for religion or custom reason)	□fish □egg □others (					)		
custom reason)	*Please be noted	WV 5-0-01 61	provided in th	e programme ca	innot meet	all the reque	sts from the	e participants.
Other Allergies and	□none							
Restriction	□dogs □	cats □ho	use dust	□others	(			)
0 A!:- D-4				2000				
3. Academic Det	Name of Sci	hool or Ora	anizatio		lease fill in			LETTERS in Eng ,province)
	Name of Sci	noor or Org	ailizatioi	· i		Locali	on. (City	,province)
	Field of stud	dy/for univ	reity etu	dente only)				
Information of your	Field of Stat	aytion unive	ersity stu	dents only)	8			
School/Organization	Grade/scho	ol vear (for	student)			T		
	as of the day of					Tel:		
	Title (for supervisor only)					Fax:		
	English Profi							
	certificated scor TOEFL)	re (if any, e.g.						
	L	_evel of Er	nglish			Level o	f Japai	nese
	Speaking: 0	Good Fa	ir Poo	r Sp	eaking:	Good	Fair	Poor
Language	Writing : C	Good Fa	ir Poo	w	riting :	Good	Fair	Poor
	Reading:	Good Fa	ir Poo	Re	eading :	Good	Fair	Poor

Other Language

Japanese Year or Month

learning experience

4. Presonal Activities	* Please fill in the form in BLOCK LETTERS in Englis					
	Act	Activities			Period of Involvement	
Sports/Clubs	Awards ( if	fany):				
Hobbies						
Academic Awards (if any)		2 3 2 2 3				
5. Expectations				* Please fill in t	the form in BLOC	K LETTERS in Engli
Please describe your expectation by participating in this programme.						
6. Other Information Have you ever been to Japan	hefore?	Yes	No	* Please fill in t	the form in BLOC	K LETTERS in Engli
If Yes, what was the purpose visit and where did you visit?	of the					
Contact Person in Jap in case of <u>Emergence</u> *If you have any relative or friend	y_	Full Name Address Tel		E-mail	Relationship	
'Applicants who have participated in the pre	ogramme orga	nized by the Japane	ese Govern	ment before are no	ot allowed to take pa	urt again.
Declaration I hereby certify that the stateme Signature:						
Agreement of the Application					ouy/monul/16	u.,
hereby agree to all the qualific				Guidelines for	JENESYS2.0	e.
Signature:						
Parent/quardian /if applicant					<del>- 4</del> <b></b>	1000.0000

Signature: \_\_\_\_\_ Date: \_\_\_\_ / \_\_\_(Day/Month/Year)



# Entry Form for JENESYS 2.0 Reg.No. Sports (General) "Volleyball" (India A)

. Personal Info		Full Nar			your passpor			
	Name	English	no (Exactly t	no oumo uc	уса: рассро.	-1		
Photo								
(taken within 3	Given name (Eng	glish)	Family Na	me (English) Middle Name (if any)(Eng				
months) Please write your								
name on the								
back of your	Full Name (in Mo	other langu	age)		Nickname (Pie the name you woul			
photo.					the name you would	is like to be called)		
					1.			
Date of Birth	Day/Month/Year	0			Age (as of the day of the flight to Japan)			
Nationality					Sex	□M □F		
Religion	□Buddhist □Chris		n Catholic Press (	rotestant 🗆 O	ther)   Not App	licable		
Mother Tongue			Marita	I Status	□Single	□Married		
	Number Type of Passport							
				☐ Private	e ☐ Diplomat	□ Official		
Passport**	Date of Issue Date of				Expiry			
	(Day)	(Month)	(Year)	(Day		h) (Year		
	Address							
Current Address	Tel			Fax				
	Mobile	1000						
Contact Person	Full Name		***************************************	E-mail		Relationship		
in case of Emergency	Address							
t shall be your parent. f you live with him/her,								
please leave address blank.	Mobile E-mail							
Profession/Occupation								
*If you do not have a phone at your current ddress, please write a contact person and	Name		Phone Nu	mber	E-mail			

<sup>\*\*</sup>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	.H	le	a	lth	C	o	n	d	i	ti	o	r	۱

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

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V

ыооd Type	□A □B □O □AB □Idon't-kno	»W						
	□Good							
	□Previously diagnosed serious disease:							
	(	: □fully recovered / □under						
	treatment)							
Health Condition	□Having Chronic disease:							
	Chronic lung disease (asthma, chronic obst	AND						
	☐Immunodeficiency state (T cell immunodefic							
	☐ Chronic heart disease (congenital heart disease, coronary artery disease etc.) ☐ Metabolic disease (diabetes) ☐ renal dysfunction ☐ obesity ☐ myasthenia gravis							
	□Others(							
Medicine	□Not taking any medicine	William William State of the William State of the State o						
Weatonie	□Taking medicine regularly (Specified	)						
Pregnancy	□Yes □No							
Food Allergies	□none							
(only for physical	□pork □beef □chicken □mutton/lam	nb □shrimp □crab □shellfish						
reason)	□fish □egg □others (	)						
	□none							
Food Restriction	□pork □beef □chicken □mutton/lamb □shrimp □crab □shellfish							
(for religion or custom reason)	□fish □egg □others ( )							
	*Please be noted that the meals provided in the programme cannot meet all the requests from the participants.							
Other Allergies and	□none							
Restriction	□dogs □cats □house dust □others	( )						
3. Academic Det	ails *P	lease fill in the form in BLOCK LETTERS in English						
.,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	Name of School or Organization	Location: (city,province)						
	Territoria (1976) - Profile - Profile (1976) - Profile -	W 2000						
Information of your	Field of study(for university students only)							
Information of your School/Organization								
	Grade/school year (for student)	Tel:						
	as of the day of the flight to Japan  Title (for supervisor only)	Fax:						
	English Proficiency	rax.						
	certificated score (if any, e.g. TOEFL)							
	Level of English	Level of Japanese						
2	Speaking: Good Fair Poor Sp	peaking: Good Fair Poor						
Language	Writing : Good Fair Poor W	riting : Good Fair Poor						
	Reading : Good Fair Poor Re	eading : Good Fair Poor						
		lapanese Year or Month						

learning experience

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[]	(	/
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4	P	sonal	Activitie	c

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

		Act	ivities			Period of Involvement
Sports/Clubs	Sports Awards ( if	anv):				
Hobbies		,				
Academic Awards (if any)						
5. Expectations				* Please fill in t	he form in BLOC	K LETTERS in English
Please describe your expectation by participating in this programme.	4:			* Diogra fill :	he form in DI CC	VI ETTERS in Facility
6. Other Informa  Have you ever been t		Yes	No	If Yes, When?	ne form in BLOC	K LETTERS in English
If Yes, what was the visit and where did y	purpose of the	163	140	ii res, when?		
Contact Person in case of E	mergency	Full Name Address Tel		E-mail	Relationship	
*Applicants who have participa	ited in the programme organ	I nized by the Japane	se Governn	ment before are no	t allowed to take pa	irt again.
Declaration I hereby certify that the	e statements made b	by me in this fo	orm are t	rue and corre	ct to the best	of my knowledge.
Signature:		Date:	1	(	Day/Month/Ye	ar)
Agreement of the Ap	plication Guideline	s for JENESY	′S2.0			
I hereby agree to all th	e qualifications writt	en in the Appl	ication G	Guidelines for	JENESYS2.0.	
Signature:		Date: _		1	_(Day/Month/	(ear)
Parent/guardian (if a	pplicant is under 18	years of age	e):			
Signature:		Date:		1	_(Day/Month/	Year)