



Entry Form for JENESYS Programme

(India)

1. Personal Information

* Please fill in this form in BLOCK LETTERS.

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 / Short form of your name (What are you commonly called?)				Age
Date of Birth	Day/Month/Year		Sex	<input type="checkbox"/> M <input type="checkbox"/> F
Place of Birth	(City)	(Province)	(Country)	
Religion	<input type="checkbox"/> Buddhist	<input type="checkbox"/> Christian	Nationality	
	<input type="checkbox"/> Hindu	<input type="checkbox"/> Muslim	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)
	Place of Issue		Issuing Authority	
Home address & Father/Mother's Name (person to contact in case of emergency)	Given Name	Family Name	Middle Name	(relationship)
	Address			
	Tel:		Fax:	
	Mobile:		E-mail:	
	Profession/Occupation:			
Current Address * if you do not live at home (above address)	Address			
	Tel:		Fax:	
	Mobile:		E-mail:	
*If you do not have phone at home: Contact Person	Name	Phone Number	E-mail	

*continued overleaf

**Passport: Only a person who has a valid passport fills in the "passport" section. As for a person who doesn't have a passport, please leave the section blank so that JICE can take care of it.

2. Medical History

Blood Type	<input type="checkbox"/> A <input type="checkbox"/> B <input type="checkbox"/> O <input type="checkbox"/> AB <input type="checkbox"/> don't-know		
Health Condition	<input type="checkbox"/> good		
	<input type="checkbox"/> chronic illness or any problem (please describe your condition)		
Food Restriction	<input type="checkbox"/> Vegetarian <input type="checkbox"/> Non-Vegetarian	Allergies to Animals	
Food Allergies or Restriction	Please check the boxes below which you can NOT eat <i>due to religion or allergies</i> . <input type="checkbox"/> pork <input type="checkbox"/> beef <input type="checkbox"/> chicken <input type="checkbox"/> mutton/lamb <input type="checkbox"/> shellfish <input type="checkbox"/> egg <input type="checkbox"/> others ()		

3. Academic Details

Information of your School/Organization	Name of School or Organization		Location: (city,province)	
	Tel:	Title (for supervisor):		
	Fax:	Grade/school year (for student):		
Language	English Proficiency certificated score (if any, e.g. TOEFL)		Mother Tongue	
	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 Written / Spoken		Japanese learning experience	Year or Month

4. Personal Activities

	Activities	Position Held	Period of Involvement
Sports			
Clubs			
Special Knowledge			
Academic Awards			

5. Other Information

Have you ever been to Japan before?	Yes	No	If Yes, When?	
If Yes, Where did you visit?				
Do you have any particular concerns on visiting Japan? If yes, what are they?				

Declaration

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

Agreement of the Use of Personal Information

I agree that my personal information in the Entry Form, provided to Japan International Cooperation Center (JICE), will be used only for the purpose of the operation of JENESYS programme.

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