F. No. 12-1/2017-ES.3
Government of India
Ministry of Human Resource Development
(Department of Higher Education)

ISRAEL GOVERNMENT SCHOLARSHIPS 2018-19.

LAST DATE OF ONLINE APPLICATION:- 30.11.2017

Online applications are invited under Israel Government Scholarship 2018-19. 5 scholarships is for a duration of 8 months, to undertake research/specialization, from the universities which are approved by the Israeli Council for Higher Education and two short term (summer school) scholarships for the students seeking to study Hebrew.

Link for online application : http://proposal.sakshat.ac.in/scholarship/
(Note: Only online application is invited. No other mode of application will be considered. Applicants need not to send the print out of their application.)

Number of Scholarships award : 07 [including two short term (summer school) scholarships for pursuing Hebrew language & literature].

2. Applications are invited for the following subjects:

1. Comparative Study of Religions (with specific reference to Judaism)
2. Middle East Studies
3. Hebrew language and literature
4. History of the Jewish people
5. Agriculture
6. Biology
7. Biotechnology
8. Economics
9. Business Management
10. Mass Communication
11. Environment Studies
12. Chemistry

3. Eligibility:

- Age: There is no upper age limit for applying for the scholarship.

- Qualification: (as on 30.11.2017)

i) For research/specialization in the field of Agriculture, Chemistry, Biology, Biotechnology, Environment Studies, Economics, Business Management and Mass Communication, applicant must have Master's degree in the relevant field with 60% or more marks.

ii) For Comparative Study of Religions (with specific reference to Judaism), Middle East Studies and History of the Jewish people, applicant must have Master's degree in the relevant field with 55% or more marks.
iii) For Hebrew Language and Literature Course: Student pursuing the post-graduate course in this subject may apply.

• Others:

i) Candidates who have already been abroad for studies/training/specialization either on scholarships or on their own, for a period exceeding six months are eligible to apply, if they have been in India for at least two consecutive years after returning from abroad as on 30.11.2017.

ii) Applications of candidates who are staying abroad will not be considered.

• Basic requirement:

i) Proof of English or Hebrew Language proficiency is a must.

ii) The applicant should meet the academic requirements of the Israeli University for which he/she applies. Scholarship will be granted only after the University approves the acceptance of the candidate.

4. Value of Scholarship:

• Terms and conditions of the scholarship are in accordance to the yearly budget of Israel Government for this purpose.

• The scholarship could be partial or full.

Partial scholarship includes

i) Part of the tuition fees

ii) Basic health insurance

iii) Monthly allowance for one academic year (8 months only).

Full scholarship includes

i) Tuition fee

ii) Basic health insurance

iii) Monthly allowance for one academic year (8 months only)

• Accommodation, transportation and travel arrangements, to and fro or in Israel, will be borne by the student.

5. The following are required to be uploaded at the time applying online.

• Colour passport size photograph (it must be in .jpg or .jpeg format)

• Signature (it must be in .jpg or .jpeg format)

• Proof of age

• Academic records (self attested)

• University/College Transcript

\[\text{Signature:} \quad \text{[Signature]} \]
• Any Academic Awards etc.
   (The size must not exceed 530 kb for each of the document, photograph, and signature)

6. Applicants are compulsory required to fill the application form which is prescribed by the Government of Israel. (Copy of which is attached).

   The shortlisted candidates are required to bring the following documents at the time to interview:

i) Dully filled in application form prescribed of the Government of Israel.

ii) Detailed proposal of the research/specialization, which the applicant intends to study in Israel, specifying the University where the applicant wishes to take admission.

iii) Curriculum Vitae.

iv) Copies of letters-mails, exchanged with the Israel University and with the Israeli supervisor. For undertaking research/specialization, it is mandatory for the applicant to have confirmation from the supervisor of the university where he/she intends to pursue his/her research. (Copy of which is required at the time of interview).

v) Official original academic records (or notarized copies) of all relevant studies and test scores, diplomas attesting the completion of an academic degree, including a transcript of the student's records.

vi) At least two (2) letters of recommendation from lecturers/professors who taught the candidates (It should be attached or produced during interview).

vii) Three (3) photographs

viii) Certificate of Health.

Note: The Ministry of Human Resource Development does not ask for notarized copy of the documents. However, the original copy of the documents are required at the time of interview for verification.
7. NOMINATION AND FINAL SELECTION:

- Selection Committee consisting of subject experts will interview the candidates. Based on merit, the nomination would be made. The nomination will be sent to the Government of Israel for final selection.

- Nomination of a candidate by Government of India does not, in any way, guarantee final selection or placement.

NOTES:

(1) Candidates who are awaiting their results need not apply if the results are not likely to be declared by 30-11-2017.

(2) Candidates who do not fulfill the eligibility condition need not apply.

(3) Equivalent foreign degree will be considered.

(4) Canvassing in any form will be a disqualification.

(5) Candidate will not be allowed to appear for interview if he/she does not submit NOC from the Employer. In case of Government Servant, clearance of the Cadre Controlling Authority is mandatory.

(6) In case no communication is received by a candidate, who has applied in response to the advertisement, by last week of December 2017, he/she may presume that he/she has not been shortlisted for interview. No correspondence will be entertained in this regard.

(7) The applicant in employment (to which he/she wishes to return) should have an assurance from his employer that he/she will be granted sufficient leave if he/she is awarded this scholarship.

(8) Mere fulfillment of minimum requirements as laid down in the advertisement does not qualify a candidate for interview. Only shortlisted candidate would be called for the interview.

(9) All announcements will be made available on the website of the Ministry of Human Resource Development www.mhrd.gov.in/scholarships only.

(10) THE DECISION OF SELECTION COMMITTEE SHALL BE FINAL. NO REPRESENTATION IN THIS REGARD WILL BE ENTERTAINED.
ISRAEL GOVERNMENT SCHOLARSHIPS (Academic year: 20__ - 20__)  
APPLICATION FORM

To be filled in English, in triplicates
Country of origin: ____________________________

Scholarship required:
1. Short term Scholarship: language Summer Course  
   (Ulpan)

2. Long term Scholarship: (one academic year=8 months only):  
   (please circle your choice): Post Doctorate/Research/Ph.D./M.A./overseas  
   program

Personal details:
1. Surname: ____________________________

2. First name: ____________________________

3. Place of birth: ____________________________

4. Citizenship: ________________ Additional Citizenship: ________________

5. Date of birth: ____________________________

6. Gender: Male / Female

7. Permanent address: ____________________________________________________________

8. Current address: _____________________________________________________________

9. Passport no.: ____________________________

10. Telephone: ____________________________ Cellular Phone: ____________________________

11. Fax: ____________________________

12. E-Mail: ____________________________

13. Marital status: ____________________________
14. At which institution do you wish to pursue your studies or undertake research work?
   a. 
   b. 
   c. 

15. Do you have a supervisor already? (for post doctorate and research students only)
   NO / YES Name of supervisor: ________________________________
   (please enclose any letter you have from your supervisor)

16. Have you been in contact, or have you registered to any university or professor in Israel (Please indicate): ________________________________

17. Have you been accepted by any university or professor in Israel? (Please indicate and enclose a letter of acceptance). ________________________________

18. Current and previous university education:

   List in chronological order, starting with your current enrollment, all colleges and universities you have attended.

<table>
<thead>
<tr>
<th>Name and place of institution</th>
<th>Major</th>
<th>Number of years</th>
<th>Date of graduation</th>
<th>Degree</th>
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19. In which language will you conduct your research/studies in Israel? ____________
20. Language skills (x=none; xx=poor; xxx=fair; xxxx=good; xxxxx=fluent)

<table>
<thead>
<tr>
<th>Languages</th>
<th>Reading</th>
<th>Speaking</th>
<th>Writing</th>
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<tr>
<td>Hebrew</td>
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<td>English</td>
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<td>Other:</td>
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21. Type of proof for language skills: ____________________________

22. Present occupation: ____________________________

23. Detailed program for your studies in Israel. (if this space is insufficient, please use a separate sheet and attach it to this form as an appendix).

____________________________________________________________________
____________________________________________________________________
____________________________________________________________________
____________________________________________________________________
____________________________________________________________________
____________________________________________________________________
____________________________________________________________________

24. Other details that you consider important for the evaluation of your application.

____________________________________________________________________
____________________________________________________________________
____________________________________________________________________
____________________________________________________________________
____________________________________________________________________
____________________________________________________________________
MEDICAL HEALTH CERTIFICATE:

1. Name: ____________________________________________

2. Place of birth: ____________________________________________

3. Date of birth: ____________________________________________

4. Address: ____________________________________________

5. Person to be notified in case of emergency:
   Name: ____________________________________________
   Full address: ____________________________________________
   Telephone No. ____________________________________________
   Cell phone No. ____________________________________________
   Fax No. ____________________________________________
   E-Mail: ____________________________________________

The following details are to be supplied by a registered medical practitioner:

1. Past medical history: ____________________________________________
   ____________________________________________
   ____________________________________________

2. Present state of health: ____________________________________________
   ____________________________________________
   ____________________________________________

3. Results of general examination:
   Blood pressure: ________  Weight: ________  Height: ________
4. Is the applicant suffering from:
   An infectious disease? ________________________________
   A skin disease? ________________________________
   A Psychological disorder? ________________________________
   Cardiac condition? ________________________________
   Any other diseases? ________________________________

5. Remarks: ________________________________

6. Is the applicant in good health and able to physically and mentally engage in intensive studies in a foreign country? ________________________________

Name of examining physician: ________________________________
Signature of examining physician: ________________________________
Date of examination: ________________________________

**To be signed by the applicant:**

I, the undersigned, declare that all of the above information in this application form is complete and accurate to the best of my knowledge. I am aware that giving incorrect answers to any of the above questions may lead to the cancellation of my application.

Date: __________________ Signature: ________________________________