

Application for Outbound Mobility Program (Outgoing Exchange Students)

Personal Information					
1.	Name of the Applicant: (As per passport)				
2.	Gender: □ Male □ Female			(00,	
3.	Date of Birth:/(dd/mm/yyyy)				
4.	Place of Birth:				
5.	Nationality:				
6.	Passport No.: Date of Expiry (Passport):	/	/	(dd/mm/yyyy)	
7.	E-mail Address:				
8.	Phone Number:			_	
9.	Permanent Address:				
10.	Present Address:				
Par	ent/Guardian Details (Contact in case of emergency)				
11.	Full Name:				
	Relationship:				
13.	Phone Number:				
14.	E-mail Address:				
15.	Permanent Address:				
Det	ails of Education at Presidency University				
16.	Name of the School: SoE / SoM / SoC / SoL / SoD				
17.	Name of the Department:				
18.	Applicant's status at the home university: □ Undergraduate □ Masters □ Doctoral				

19.	Name of the Degree Program & Specialization:							
20.	Year of Registration: Academic Year 20 20							
21.	Current semeste	r: <u>2nd / 3^r</u>	^d / 4 th	/ 5 th / 6 th / 7 th				
22.	Credits earned a	s on appl	icatio	n date:				
23.	Expected Year of	graduati	on: 20	0 20				
Det	tails of Credits							
24.	Roll No.:							
Number of Credits								
Course Category		Minim Requi		Completed till Last Semester	Registered inthe current Semester	To be earned	Remarks (If any)	
	Takal							
	Total							
Study Plan at Partner University								
25.	Duration of the program:							
	1 semester □ 2 semesters □							
	□ Only course w	vork Only course work in both semesters						
	□ Only project v	□ Only project work □ Course work in one semester + Project work in one semester						
26.	6. Semester you wish to register: □ Fall (September) 20 _ □ Spring (February) 20 _ □							

Preference of University / Department / Research area / Lab

(Before filling preference of university abroad please refer to Presidency University's website for the list of active partner universities and for preference of Department / Faculty / Research area / Lab, refer the foreign University website)

Preference	Name of the University with City and Country	Preference of Faculty / Research area / Lab
		Name of the faculty:
		Research Area:
		Name of Lab:
		Email ID:
		Name of the faculty:
		Research Area:
1		Name of Lab:
		Email ID:
		Name of the faculty:
		Research Area:
		Name of Lab:
		Email ID:
		Name of the faculty:
		Research Area:
		Name of Lab:
		Email ID:
		Name of the faculty:
		Research Area:
2		Name of Lab:
		Email ID:
		Name of the faculty:
		Research Area:
		Name of Lab:
		Email ID:

Preference	Name of the University with City and Country	Preference of Faculty / Research area / Lab
		Name of the faculty:
		Research Area:
		Name of Lab:
		Email ID:
		Name of the faculty:
2		Research Area:
3		Name of Lab:
		Email ID:
		Name of the faculty:
		Research Area:
		Name of Lab:
		Email ID:

Contact person in Preferred Country / University (If any)						
27. Ful	27. Full Name:					
29. Ph	one Numb	er:				
30. E-n	nail Addres	ss:				
31. Ad	dress:					
Langua	ige Profic	ciency				
32. En	glish langu	age proficiency (Ind	dicate the lev	el of pro	ficiency: Exceller	nt, Good, Fair or Poor)
	Reading	Writ	ing	S	peaking	Listening
33. For	eign Langu	uages known other	than English	:		
Profici	ency of Fo	reign Language (Ind	dicate the lev	el of pro	ficiency: Exceller	nt, Good, Fair or Poor)
Lan	guage	Reading	Writin	ng	Speaking	Listening
F!	-:-I C					
Finan	cial Sup	port				
34. Exp	34. Expected living expenses per month (including accommodation)					
35. Exp	5. Expected total expenses for total duration of exchange (flight fare, visa fee, accommodation,					
livi	living, insurance etc.)					
36. Na	36. Name of the sponsor & relationship with applicant					
37. Contact details of sponsor(s)						
Medical History (If any)						

Undertaking from the Student

I hereby declare that all the information furnished in the application is true to the best of my knowledge and I have filled the application form by myself.

I do hereby undertake as below

- All the requirements at Presidency University in terms of credits, semester registration and course enrollment is to be fulfilled by me.
- Internal review meetings will be attended by me as per the schedule of department and reports will be submitted in time.
- I will keep updating Information regarding departure from home country and arrival at partner University to the faculty coordinator, Head of the department and Director-International relations in timely manner.
- Final thesis to be submitted in prescribed format and viva-voce examination to be defended in order to get degree awarded.
- I, at my own interest & risk wish to study at partner University.
- I have taken consent of my parents and they are aware of the expenses incurred in my studies
 related to tuition fees (if any), international travel, accommodation, food, medical insurance,
 Visa fee, local travel in foreign country and contingencies, etc. and they agreed to pay all the
 expenses.
- I further understand that Presidency University, Bangalore will not be held responsibility of
 my safety or bringing me back to home country in case of any natural calamities or
 disturbances or local war happens during my studies at foreign University.

Signature of the Student:		
Date:	Place:	
Approval fr	om the Head of the Departm	ent / Asso. Dean
Signature of the Class Coordi	nator with date:	
Signature of the Internationa	l Faculty Coordinator with date: _	
Signature of the Head of the	department / Asso. Dean with da	te & seal:

Undertaking from the Parent I am aware that my son/daughter Mr./Ms. roll No.: year in the department of, School of has submitted an application for Student Exchange Program at a foreign University to the Office of International Affairs, Presidency University, Bangalore for further processing. I am aware of the expected total expenses (Rs. _______) related to tuition fees (if any), international travel, accommodation, food, medical insurance, Visa fee, local travel in foreign country and contingencies, etc. in connection with his / her Semester Abroad Program will have to be fully borne by me. I also assure that my son/daughter will abide by the rules and regulations of the foreign University and maintain the reputation of Presidency University, Bangalore. I further understand that Presidency University, Bangalore will not be held responsibility of safety of my son/daughter or bringing him / her back to home country in case of any natural calamities or disturbances or local war happens during his / her studies at foreign University. Signature of the Student: Date: Place: Signature of the Parent: Date: Place:

Documents to attached

- 1. Curriculum Vitae (CV)
- 2. Passport size photo with white background
- 3. Scanned copy of the passport data pages
- 4. Academic transcripts
- 5. Statement of Purpose
- 6. Vaccination Certificates (COVID or if any other, depends on the travel regulations)

Note:

Please send the scan copy of filled in application with relevant documents to

ir_office@presidencyuniversity.in