



**Personal Information**

1. Name of the Applicant: \_\_\_\_\_ (Surname)  
(As per passport) \_\_\_\_\_ (Given Name)
2. Gender: ☐ Male ☐ Female
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: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**Parent/Guardian Details (Contact in case of emergency)**

11. Full Name: \_\_\_\_\_
12. Relationship: \_\_\_\_\_
13. Phone Number: \_\_\_\_\_
14. E-mail Address: \_\_\_\_\_
15. Permanent Address: \_\_\_\_\_  
\_\_\_\_\_

**Details of Education at Presidency University**

16. Name of the School: \_\_\_\_\_
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 semester: 2<sup>nd</sup> / 3<sup>rd</sup> / 4<sup>th</sup> / 5<sup>th</sup> / 6<sup>th</sup> / 7<sup>th</sup>

22. Credits earned as on application date: \_\_\_\_\_

23. Expected Year of graduation: 20\_\_ - 20\_\_

### Details of Credits

24. Roll No.: \_\_\_\_\_

Course Category	Number of Credits				Remarks (If any)
	Minimum Required	Completed till Last Semester	Registered in the current Semester	To be earned	
<b>Total</b>					

### Study Plan at Partner University

25. Duration of the program:

1 semester ☐

☐ Only course work

☐ Only project work

2 semesters ☐

☐ Only course work in both semesters

☐ Course work in one semester + Project work in one semester

26. 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
1		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:  Name of Lab:  Email ID:
2		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:  Name of Lab:  Email ID:

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

**Contact person in Preferred Country / University (If any)**

27. Full Name: \_\_\_\_\_

28. Relationship: \_\_\_\_\_

29. Phone Number: \_\_\_\_\_

30. E-mail Address: \_\_\_\_\_

31. Address: \_\_\_\_\_

**Language Proficiency**

32. English language proficiency (Indicate the level of proficiency: Excellent, Good, Fair or Poor)

Reading	Writing	Speaking	Listening

33. Foreign Languages known other than English: \_\_\_\_\_

Proficiency of Foreign Language (Indicate the level of proficiency: Excellent, Good, Fair or Poor)

Language	Reading	Writing	Speaking	Listening

**Financial Support**

34. Expected living expenses per month (including accommodation) \_\_\_\_\_

35. Expected total expenses for total duration of exchange (flight fare, visa fee, accommodation, living, insurance etc.) \_\_\_\_\_

36. Name of the sponsor &amp; 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 from the Head of the Department / Asso. Dean

Signature of the Class Coordinator with date: \_\_\_\_\_

Signature of the International Faculty Coordinator with date: \_\_\_\_\_

Signature of the Head of the department / Asso. Dean with date & seal:

\_\_\_\_\_

### Undertaking from the Parent

I am aware that my son/daughter Mr./Ms. .... roll  
No.: ..... studying ..... 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](mailto:ir_office@presidencyuniversity.in)