



SRIHER

Attach one recent
Passport
photograph
of yourself.

REGISTRATION
STUDY ABROAD PROGRAM
(FOR VISITING STUDENT)

Application Form

**Please write clearly in Capital letters.*

Application Number

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For Official Use only

Learning Objective / Courses to be taken

1. _____
2. _____
3. _____
4. _____
5. _____
6. _____

SECTION A: PERSONAL DATA

First Name: _____ Family Name (Last Name / Surname): _____

Date of Birth: _____ Gender: Male Female
(dd/mm/yyyy)

Passport Number: _____ Expiry Date: _____ Nationality: _____
(Photocopy of your current passport to be enclosed) (dd/mm/yyyy)

Address (For correspondence regarding this application) _____

Street: _____

City: _____ State: _____

Country: _____ Postcode: _____ Telephone: _____
(Countrycode + Number)

MobilePhone: _____ Email: _____

B. Please provide details of your Home University education in the space below.

SECTION B: HOME INSTITUTION

Name of Institution _____

Address of Institution _____

Degree for which you are currently registered _____

Faculty/Department _____

Year of study at the time of application 2nd Year 3rd Year 4th Year

Grades or Cumulative Grade Point Average (CGPA) ## _____

Student Mobility Coordinators (Home University)

Name : _____

Address : _____

Tel : _____

(Country code + Number)

E-mail : _____

Academic Requirements

*Applicants must normally have completed at least one year of university study at the time of participation in SRIHER- Study Abroad Program

* Please enclose certified copies of your academic transcripts.

SECTION C: STUDENT DECLARATION

1. I agree to abide by the statutes and regulations of SRIHER
2. I declare that the information presented in this application and the accompanying documentation is true, correct and complete to the best of my knowledge and belief
3. I authorise SRIHER to release information regarding my application to the Immigration Department of India (FRRO) and other agencies where SRIHER considers the information relevant to my immigration status.
4. I am aware of the fees and other costs associated with the SRIHER-Study Abroad Program and I have the necessary financial capacity to meet such costs for the duration of my participation in the Program.
5. I understand that it is my responsibility to arrange and pay for my international flights, visa and insurance prior to my arrival in India.
6. I understand that I must enroll in and complete the SRIHER-Study Abroad Program. I can only withdraw from this SRIHER-Study Abroad Program with the approval of the Director-International Relations, SRIHER.

To be signed by the applicant

Student's signature :

Date :

SECTION D: HOME INSTITUTION ENDORSEMENT

I hereby certify that this student is eligible to apply for SRIHER-Study Abroad Program (Inbound) in India.

Name :

Signature :

Date :

Official Stamp of Institution :

APPLICATION CHECKLIST

- Completed all sections in this application form
- Read the declaration and signed with date
- Enclosed a photocopy of current valid passport
- Enclosed the other supporting documentations related to the application
- Enclosed certified copies of academic transcripts

Please return this completed form before 31st November for Spring Intake and 30th April for Fall Intake, to the below address:

SRIHER-Study Abroad Program

Assistant Director (International Relations)

3rd Floor, College Building

SRI RAMACHANDRA INSTITUTE OF HIGHER EDUCATION AND RESEARCH

Porur, Chennai – 600 116, TAMIL NADU, INDIA

Phone: +91 44 45928693

Email: study.abroad@sriramachandra.edu.in

Website: sriramachandra.edu.in