



EXCHANGE STUDENT APPLICATION FORM ACADEMIC YEAR 2019-20

PASSPORT SIZED
PHOTOGRAPH

PERSONAL DETAILS

LAST NAME	
GIVEN NAME(S)	
DATE OF BIRTH	
CITIZENSHIP	
GENDER	
EMAIL	
PERMANENT ADDRESS	
HOME INSTITUTION	
PROGRAM	
MAJORS / SPECIALITY	
EXCHANGE PERIOD Term Name / (Months)	
LANGUAGES KNOWN	



ACADEMIC QUALIFICATIONS

ACADEMIC YEAR	UNIVERSITY / SCHOOL	SUBJECT / COURSES TAKEN	RESULT / GRADE(S)

WORK EXPERIENCE

PERIOD	EMPLOYER/ ORGANISATION	DESIGNATION	NATURE OF WORK & ACHIEVEMENTS

INTERNATIONAL EXPERIENCE

PERIOD	COUNTRY	NATURE OF EXPERIENCE



MOTIVATION FOR INTERNATIONAL EXCHANGE / SoP

SPORTS AND EXTRA CURRICULAR ACTIVITIES AND ACHIEVEMENT(S)

PROFICIENCY IN ENGLISH



DECLARATION

I, declare that all information provided above is true to the best of my knowledge. I also agree to abide by all the rules and regulations of Institute of Management Technology, Hyderabad (India) during the period of my proposed stay.

Signature of the applicant

<p>SENDING INSTITUTION</p> <p>Name and complete address:</p> <p>.....</p> <p>.....</p> <p>Name, e-mail address, telephone and fax number of the departmental coordinator:</p> <p>.....</p> <p>.....</p> <p>Name, e-mail address, telephone and fax number of the International coordinator:</p> <p>.....</p> <p>.....</p>
--

<p>PERSON TO BE NOTIFIED IN CASE OF EMERGENCY</p> <p>Name:</p> <p>Relationship to you:</p> <p>Address:</p> <p>Telephone:</p>

Note:

- Please attach official transcripts of all courses attended.
- All information provided should be preferably substantiated with relevant evidences and certificates.