

**Affix**

**Passport Size**

**Photograph**

**EXCHANGE STUDENT APPLICATION FORM**

**ACADEMIC YEAR 2016-17**

(To fill the form, please Write in Block Letters)

**PERSONAL DETAILS**

**LAST NAME**

**GIVEN NAME(S)**

**DATE OF BIRTH**

**CITIZENSHIP**

**GENDER**

**EMAIL ID**

**PERMANENT ADDRESS**

**HOME INSTITUTION**

**PROGRAM**

**MAJORS / SPECIALITY**

**REQUESTED EXCHANGE**

**PERIOD (Months)**

**LANGUAGES KNOWN**

**INTERNATIONAL RELATIONS OFFICE, INSTITUTE OF MANAGMENT TECHNOGY**

**35 Km Milestone, Katol Road, Nagpur 441502 INDIA**

**Tel: +91-712-2805000 ; Fax : +91-712-2805591 ; Email:** [**contact@imtnag.ac.in**](mailto:contact@imtnag.ac.in) **; Web : www.imtnagpur.ac.in**



**ACADEMIC QUALIFICATIONS**

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| **ACADEMIC** | **UNIVERSITY / SCHOOL** | **SUBJECT/ COURSES** | **RESULT/** |  |
| **YEAR** | **TAKEN** | **GRADE(S)** |  |
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**WORK EXPERIENCE**

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| **PERIOD** | **EMPLOYER/** | **DESIGNATION** | **NATURE OF DUTY &** |
|  | **ORGANISATION** |  | **ACHIEVEMENTS** |
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**INTERNATIONAL EXPERIENCE**

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| **PERIOD** | **COUNTRY** | **NATURE OF EXPERIENCE** |
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**MOTIVATION FOR INTERNATIONAL EXCHANGE?**

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**SPORTS AND EXTRA CURRICULAR ACTIVITIES AND ACHIVEMENT(S)**

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**PROFICIENCY IN ENGLISH**

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**DECLARATION**

I, \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ declare that all information

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

**Signature of the Applicant**

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| --- |
| **SENDING INSTITUTION**  **Name and complete address: ..............................................................................................................................**  **..............................................................................................................................**  **..............................................................................................................................**  **Name, e-mail address, telephone and fax number of the departmental coordinator:**  **...............................................................................................................................**  **..............................................................................................................................**  **Name, e-mail id, telephone and fax number of the International coordinator:**  **...............................................................................................................................** |

**PERSON TO BE NOTIFIED IN CASE OF EMERGENCY**

|  |
| --- |
| **Name:**  **Relationship to you:**  **Address:**  **Telephone:** |

**Note :**

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

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