

Application No: \_\_\_\_\_

Issued on: \_\_\_\_\_



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**KARPAGAM**  
ACADEMY OF HIGHER EDUCATION

(Deemed to be University)

(Established Under Section 3 of UGC Act, 1956)

# APPLICATION FOR STUDENT MOBILITY PROGRAMME (INBOUND)

Pollachi Main Road, Eachanari Post, Coimbatore - 641 021 | Ph : +91 422 2980011, 12, 13, 14  
info@kahedu.edu.in | www.kahedu.edu.in

1. Family Name: \_\_\_\_\_

2. Given Name: \_\_\_\_\_ (as in passport)

3. Department: \_\_\_\_\_

4. Faculty: FASCM  FoE  FoP  FADP  FHS

5. Batch: Programme: UG  \_\_\_\_\_ PG  \_\_\_\_\_

7. Passport Number: \_\_\_\_\_ 8. Expiry Date: \_\_\_\_\_

9. Date of Birth : //  
D D M M Y Y Y Y 10. Place of Birth: \_\_\_\_\_

11. Gender: \_\_\_\_\_

12. Nationality: \_\_\_\_\_

Paste a recent passport  
size photograph

**DO NOT STAPLE**

## Please submit this application to:

Office of International Relations  
Karpagam Academy of Higher Education,  
Pollachi Main Road, Eachanari Post,  
Coimbatore - 641 021, Tamil Nadu, India.  
Email: office.ir@kahedu.edu.in

## Documents to be enclosed with the application:

- Good Quality Passport Size Photo (3)\*
- Scanned copy of the passport data pages\*
- Covid Vaccination Certificate \*
- copy of student Id card

\*Applicable only for Physical Exchange students

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13. Current Address: \_\_\_\_\_

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14. Permanent Address: \_\_\_\_\_

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15. Tel / Mobile: \_\_\_\_\_  
(with country code)

16. Tel / Mobile: \_\_\_\_\_  
(with country code)

17. Official Email: \_\_\_\_\_

18. Personal Email: \_\_\_\_\_

### Contact in case of emergency

19. Name: \_\_\_\_\_ 20. Relationship: \_\_\_\_\_

21. Contact Numbers: 1. \_\_\_\_\_ 2. \_\_\_\_\_

22. Email: \_\_\_\_\_

24.

### Medical History (if any)

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### 30. Home University Particulars

a. Name of the University: \_\_\_\_\_

b. Program & Study: \_\_\_\_\_

Level: Graduate

Post Graduate

Ph.d

c. Field / Specialisation: \_\_\_\_\_

### 30. Mobility period:

1 Semester

2 Semesters/ One Year

2 Years

31. Total Number of Credits applied in KAHE:

Course work  Project work  Internship

32. Covid Vaccination Status: First Dose  Second Dose  Booster Dose

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33.

### Undertaking from the Student

All the above information is true to best of my knowledge.

I am aware that,

- It is my responsibility to fulfill all the requirements at KAHE in terms of Credit requirements, Semester and Course registrations.
- I need to inform the arrival details to my mentor, HoD and Office of International Relations within three days of arrival at Host Institution.
- I need to attend and submit the assignments, CIA, regular internal reviews scheduled given by the HoD / Project Guide.
- I need to submit Final thesis / dissertation in the prescribed format and defend viva-voce examination as per the schedule.

Date: \_\_\_\_\_

Student's Signature: \_\_\_\_\_

\_\_\_\_\_  
Signature of the Head of the Department with Seal

\_\_\_\_\_  
Signature of the authorized person from Office of International Relations

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## Office Use Only

### A. For Approval

Course / Project Assigned:.....

Name of the Professor:.....

Course Duration:.....

Contact Number of the Professor:.....

No of semester(s):.....

Course/ Project/ Internship:.....

\_\_\_\_\_  
Verified by

\_\_\_\_\_  
Forwarded by  
(Dean International Relations)

\_\_\_\_\_  
Approved by  
(Registrar)

### B. Study Abroad Details (for Physical Exchange)

Visa Validity Period.....

Abroad Stay address.....

.....Postal / Zip Code.....

.....Mobile/ Phone No.....

Stay abroad Duration from:..... Until: .....

\_\_\_\_\_  
Entered by

\_\_\_\_\_  
(Dean International Relations)

### C. Documents to be Collected

1.Copy of Student Identity card:  2.Copy of Passport:  3.Feedback from the Students(s):

4.Photos/ Videos:  5.Testimonials:  6.Visa Copy

\_\_\_\_\_  
Collected by

\_\_\_\_\_  
(Dean International Relations)