

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 (OUTBOUND)

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 _____

6. KAHE Register No.: _____

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:

- Curriculum Vitae (CV)
- Good Quality Passport Size Photo
- Transcripts
- Areas of interest for internship (Project Work) with Statement of Purpose
- Scanned copy of the passport data pages
- Covid Vaccination Certificate

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13. Current Address: _____

14. Permanent Address: _____

15. Tel / Mobile: _____

16. Tel / Mobile: _____

17. Official Email: _____

18. Personal Email: _____

Contact in case of emergency

19. Name: _____ 20. Relationship: _____

21. Contact Numbers: 1. _____ 2. _____

22. Email: _____

23. Foreign Languages known other than English: _____

Proficiency in Foreign Language: (indicate the level proficiency)

Language	Read	Write	Speak



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24.

Medical History (if any)

Current Study

25. Faculty: _____ 26. Department: _____ 27. Batch: 20__-20__

28. Credits Information:

Pursuing Year: I II III IV

Semester :

	Description	Number of Credits
X	Number of credits required for the award of degree ($X=A+B+C+D$)	
A	Number of credits earned (For the subjects appeared and passed)	
B	Number of credits to which Results awaited (Appeared for the exam and waiting for the results)	
C	Number of credits Pursuing (On going semester subjects)	
D	Number of credits to be registered (Upcoming semester subjects)	
E	Number of credits proposed to study in partner university through Exchange program.	
F	List of courses proposed to study in partner university i. Possibility of credit transferred or ii. Possibility to consider as elective	

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29. Application Preferences of the University / Institution with City / Country and the Department:
(Please refer the list of available Universities / Institutions before filling; For Dept. refer the concerned foreign University site)

- I. _____
- II. _____
- III. _____

Please submit the detailed preferences as per the Appendix

30. Mobility period:

1 Semester

2 Semesters/ One Year

2 Years

31. Total Number of Credits Planned to study abroad:

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 the regular internal reviews and submit the reports based on the Schedule given by the HoD / Project Guide.
- I need to submit Final thesis in the prescribed format and defend viva-voce examination as per the schedule.

Date: _____

Student's Signature: _____

Possible number of credits to be transferred * :

Signature of the Head of the Department with Seal

Signature of the Dean FASCM / FoE / FoP / FADP / FHS with Seal

*To get the consent from CoE/Committee for course mapping for possible inclusion in transcript/marksheet

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34.

Undertaking from the Parent

I am aware that my son / daughter Mr. / Ms.....
KAHE Register No.:.....studying in..... year in
Department of FASCM / FoE / FoP / FADP / FHS has submitted an application for Semester Abroad Program at a foreign University to the office of International Relations, Karpagam Academy of Higher Education for further processing.

I am aware that all expenses related to tuition fees if any, international travel, stay, subsistence and internal travel in foreign country, medical insurance, contingencies, Visa fees etc. in connection with his / her Semester Abroad Program will have to be fully borne by me.

I also assure that he / she will abide by the rules and regulations of the Foreign University and maintain the reputation of Karpagam Academy of Higher Education.

Signature of the Parent

Signature of the Student

(Name of the Parent:.....)

Contact no of the Parent:

Date:/...../.....



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35.

Appendix

Preferences of the University / Institution with City / Country and the Department: (Please refer the list of available Universities / Institutions before filling; For Dept. refer the foreign University site)

Preference	Name of the University / Institution	Preference of the Expert / Lab / Research Area
1		1. Expert:..... Research Area:..... Lab:..... Email ID:..... 2. Expert:..... Research Area:..... Lab:..... Email ID:.....
2		1. Expert:..... Research Area:..... Lab:..... Email ID:..... 2. Expert:..... Research Area:..... Lab:..... Email ID:.....
3		1. Expert:..... Research Area:..... Lab:..... Email ID:..... 2. Expert:..... Research Area:..... Lab:..... Email ID:.....

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Office Use Only

A. For Approval

University Assigned:.....Country:.....

Name of the Professor:.....

Mail ID:.....

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

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.Course Completion Certificate: 2.Transcripts: 3.Feedback from the Professor(s):

4.Completion report: 5.Photos/ Videos: 6.Testimonials: 7.Visa Copy

Collected by

(Dean International Relations)