APPLICATION FOR STUDENT MOBILITY PROGRAMME (OUTBOUND)



(Deemed to be University)
(Established Under Section 3 of UGC Act, 1956)

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:		Paste a recent passport size photograph DO NOT STAPLE
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	lace of Birth:	
11. Gender:	12. Nationality:	

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:

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

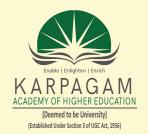
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15. Tel / Mobile:			
17. Official Email:		18. Personal Email:	
	Contact in ca	se of emergency	
19. Name:		20. Relationshi	p:
21. Contact Numbers: 1. –		2. ———	
22. Email:			
23. Foreign Languages kno	wn other than English: $$		
Proficiency in Foreign Lang	uage: (indicate the level pro	oficiency)	
Language	Read	Write	Speak

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24.	Medical History (if any)	
	Current Study	
25. Facı	ulty: 26. Department:	27. Batch:2020
	dits Information:	
Pursui	ng Year: I II III IV	Semester:
	Description	Number of Credits
Х	Number of credits required for the award of degree (X=A+B+C+D)	
А	Number of credits earned (For the subjects appeared and passed	
В	Number of credits to which Results awaited (Appeared for the exam and waiting for the results)	
С	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)
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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:
2		1. Expert:
3		1. Expert:

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	Office Use Only
A. For Approval	
	Country:
Name of the Professor:	
Mail ID:	
Contact Number of the Professor:	
No of semester(s):	
Course/ Project/ Internship:	
Verified by	Forwarded by Approved by
	(Dean International Relations) (Registrar)
D. Chudu Abroad Dohaila	
B. Study Abroad Details	
•	
Abroad Stay address	
	Postal / Zip Code
	Mobile/ Phone No
Stay abroad Duration from:	Until:
	<u> </u>
Entered by	(Dean International Relations)
C. Documents to be Collected	
1.Course Completion Certificate:	2.Transcripts: 3.Feedback from the Professor(s):
r.course completion cer uncate.	Z. Hallscripts.
4.Completion report: 5.Photos/ \	/ideos: 6.Testimonials: 7.Visa Copy
Collected by	(Dean International Relations)