

## APPLICATION FORM

**FOR SEMESTER ABROAD PROGRAMME / INTERNSHIP PROGRAMME (OUTBOUND)**

**ACADEMIC YEAR 201\_\_ TO 201\_\_**

Family Name: \_\_\_\_\_

Given Name: \_\_\_\_\_

(as in passport)

Department: \_\_\_\_\_

Year of Study: \_\_\_\_\_ Programme: B Tech  / M Tech

VTU No.: \_\_\_\_\_ Registration No.: \_\_\_\_\_

Application for: 2 Semesters  / 1 Semester

Passport Number: \_\_\_\_\_ Expiry Date: \_\_\_\_ / \_\_\_\_ /

\_\_\_\_\_

Affix  
Recent  
Passport Size  
Photo

Please return the application to

**Office of International Programmes**

**Veltech Dr. RR & Dr. SR University, Avadi, Chennai.**

**Email: [dint@veltechuniv.edu.in](mailto:dint@veltechuniv.edu.in)**

### **Documents to be enclosed with the application:**

1. Curriculum Vitae (CV)
2. Good Quality Passport Size Photo
3. Transcripts
4. Areas of interest for internship (Project Work) with Statement of Purpose
5. Scanned copy of the passport data pages
6. Consent Form from Parent (Annexure 1)

# Veltech Dr.RR & Dr.SR University

(Estd. u/s 3 of UGC Act, 1956)

## Student's Personal Data

Family Name: _____	
Given Name: _____ (as in Passport)	
Date of Birth (DD/MM/YYYY): ____ / ____ / _____	Place of Birth: _____
Gender: _____	Nationality: _____
Current Address:	Permanent Address:
_____	_____
_____	_____
_____	_____
_____	_____
Tel: _____	Tel: _____
Email: _____	Email: _____

## Contact in case of emergency

Name: _____	Relationship: _____
Contact Numbers: 1. _____	2. _____
Email: _____	

## Language Competence

Foreign Languages known other than English: \_\_\_\_\_

Proficiency in Foreign Language: (indicate the level proficiency)

Language	Read	Write	Talk

## Medical History (if any)

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# Veltech Dr.RR & Dr.SR University

(Estd. u/s 3 of UGC Act, 1956)

## Current Study

## 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 foreign University site)*

1. \_\_\_\_\_

Dept.: \_\_\_\_\_

2. \_\_\_\_\_

Dept.: \_\_\_\_\_

3. \_\_\_\_\_

Dept.: \_\_\_\_\_

### **Semester Abroad Duration:**

**2 Semesters**

Only course work in both semesters

Course work in one semester + Project work in one semester

**1 Semester**

Only course work

Only Project work

**Number of Credit Required per semester:** \_\_\_\_\_

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

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

\_\_\_\_\_

Signature of the Head of the Department with Seal

## **Undertaking**

I am aware that my son / daughter Mr. / Ms. ...., VTU No.: ..... studying in ..... year in ..... Department has submitted an application for Semester Abroad Program at a foreign University to the Office of International Programmes, Vel Tech Dr. RR & Dr. SR University 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 Host (Foreign) University and maintain the reputation of Veltech Dr. RR & Dr. SR University.

Signature of the Parent

Signature of the Student

.....

.....

(Name: .....)

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