



**APPLICATION FORM**

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

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

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

(as in passport)

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

Batch: \_\_\_\_\_ 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

**Directorate of International Relations**

**Vel Tech Rangarajan Dr.Sagunthala R&D Institute of Science and Technology,**

**Avadi, Chennai.**

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



**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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**Current Study**

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

**Batch:** 20\_\_\_\_ - 20\_\_\_\_

**Credits Information:**

Course Category	Number of Credits				Remarks (If any)
	Minimum Required	Completed till Last Semester	Registered in the present Semester	To be earned	
Programme Foundation					
Programme Core					
Programme Elective					
Allied Elective					
University Elective					
Independent Learning					
Industry / Higher Institute Learning Interaction					
Value Education Elective					
Total					

**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. \_\_\_\_\_
2. \_\_\_\_\_
3. \_\_\_\_\_

*Please submit the detailed preferences as per the Annexure 1*



**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

**Total Number of Credit required per semester:** \_\_\_\_\_ + \_\_\_\_\_ = \_\_\_\_\_

**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 other requirements at Vel Tech in terms of Credit requirements, Semester and Course registrations.
- I need to inform the arrival details to my mentor, HoD and Director – 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 / Department Project Coordinator.
- I need to submit Final thesis in the prescribed format and defend viva-voice examination as per the schedule.

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

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

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



**Annexure – 1**

**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 Directorate of International Relations, Vel Tech Rangarajan Dr.Sagunthala R&D Institute of Science and Technology 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 Vel Tech Rangarajan Dr.Sagunthala R&D Institute of Science and Technology.

Signature of the Parent

Signature of the Student

.....

.....

(Name: ..... / Contact No.....)

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



**Annexure - 2**

**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) (Most preferred at First) – Specifically for Project*

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