Institute of Management Technology
Ghaziabad

EXCHANGE STUDENT APPLICATION FORM
ACADEMIC YEAR 2017-18

PASSPORT SIZED

PHOTOGRAPH

PERSONAL DETAIL

LAST NAME	
GIVEN NAME(S)	
DATE OF BIRTH	
CITIZENSHIP	
GENDER	
EMAIL	
PERMANENT ADDRESS	
HOME INSTITUTION	
PROGRAM	
MAJORS / SPECIALITY	
EXCHANGE PERIOD Term Name / (Months)	
LANGUAGES KNOWN	

ACADEMIC QUALIFICATION

ACADEMIC YEAR	UNIVERSITY / SCHOOL	SUBJECT/ COURSES TAKEN	RESULT/ GRADE(S)

WORK EXPERIENCE

PERIOD	EMPLOYER/ ORGANISATION	DESIGNATION	NATURE OF DUTY & ACHIEVEMENTS

INTERNATIONAL EXPERIENCE

PERIOD	COUNTRY	NATURE OF EXPERIENCE

MOTIVATION FOR INTERNATIONAL EXCHANGE/ SoP?

SPORTS AND EXTRA CURRICULAR ACTIVITIES AND ACHIVEMENT(S)

PROFICIENCY IN ENGLISH

DECLARATION

I,   declare that all information provided above are true to the best my knowledge. I also agree to abide by all the rules and regulations of Institute of Management Technology, Ghaziabad (India) during the period of my proposed stay.

Signature of the applicant

SENDING INSTITUTION

Name and complete address: ....

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Name, e-mail address, telephone and fax number of the departmental coordinator:

....

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Name, e-mail address, telephone and fax number of the International coordinator:

....

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PERSON TO BE NOTIFIED IN CASE OF EMERGENCY

Name:

Relationship to you:

Address:

Telephone:

Note:
- Please attach official transcripts of all courses attended.
- All information provided should be preferably substantiated with relevant evidences and certificates.