

## INSTITUTE OF BUSINESS MANAGEMENT & TECHNOLOGY BANGALORE – 560085; INDIA

ATTACH A RECENT PHOTOGRAPH

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NAME																									
FATHER'S NAME																									
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PASSPORT NO							ı						VA	LIE	UP	TO :									
ISSUED BY (PLACE & DATE)													l .												
HEALTH INSURANCE DETAILS																									
FOREIGN TRAVEL INSURANCE DETAILS																									
CONTACT NUMBERS :																									
EMAIL:																									
ACADEMIC BACKGRO	UNI	):																							
ESSAY: Please attach a typed essay want to study abroad, incl anticipate your experience exchange to evaluate your	ude witl	a di h aff	scus fect y	sion your	of aca	wha dem	t yoʻ ic, j	u ho perso	pe to	aco and	com voc	plis atio	h, w n go	hat als	cha . The	lleng	es y	ou e	expe	ect to	fac	ce ar	nd ho	ow y	/ou
1. WOULD YOU LIKE TO TAKE INTERNSHIP DURING THE COURSE OF YOUR STUDIES?																									
2. TYPE OF INDUSTRY 1. 2.	(LIS	ST I	ΓHR	EE l	PRE	EFEF	REN	ICES	S)																
3. 3. WOULD YOU LIKE T	O PA	ART	ΓICII	РАТ	TE II	N TI	HE S	STU	DEN	ТА	СT	'IVI	ΓIES	5?											
4. DO YOU REQUIRE LA	ANC	ìUA	.GE	INS	TRU	JCT	'OR'	?																	

Special Interests, Work, and Travel: Please attach a separate sheet							
<ol> <li>List two to four hobbies or special interests, and describe your involvement in these activities.</li> <li>List previous work experiences, and briefly describe the duties for which you were responsible.</li> <li>List previous travel experiences, describing where you went and the purpose of your travel.</li> </ol>							
REFERENCES:							
Please list the names, email address, and phone numbers of a faculty or staff employee at your Instittue and one instructor who will provide references for you.  1.							
Name :	Designation:						
E-mail:	Phone:						
2. Name:	Designation :						
E-mail:	Phone:						
Statement of Understanding:							
I understand that approval of my exchange application is dependant and final only with parent Institute and host institution approval and immigration clearance from the host country. I understand that I am responsible for all immigration issues.							
I understand that I will need to seek counsel from the appropriate diplomatic representative in relation to obtaining a student visa to enter the host country.							
I declare that the information I have supplied on this application is, to the best of my knowledge, complete and correct.							
I consent to receiving information electronically and agree to access the correspondence of my email account on a regular basis. I authorize host institute to obtain official student records from any education institution necessary to make an informed decision about the application or matters that concern my enrollment at the host institution.							
SIGNATURE:	DATE:						