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a recent
passport
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STUDENT APPLICATION FORM EXCHANGE PROGRAM 2023-24

For office use only

DATE

APP NO.

SECTION 1 – PROGRAM APPLIED FOR

UNDERGRADUATE PROGRAM

POSTGRADUATE PROGRAM

SECTION 2 – PERSONAL INFORMATION

(Name and DoB as on educational certificate - Board / Degree Certificate)

APPLICANT'S NAME

First

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**use capital letters with
blue ink only**

Middle

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Last

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DATE OF BIRTH (DD/MM/YYYY)

NATIONALITY

GENDER

F M T
 Others

PLACE OF BIRTH

PLACE OF RESIDENCE

LANGUAGES

SPEAK

READ

WRITE

COMPREHEND

PASSPORT NO.

PLACE OF ISSUE

DATE OF ISSUE

DATE OF EXPIRY

Scale: 1-proficient, 2-competent, 3-basic, 4-n/a.

MAILING ADDRESS

PIN/ZIP CODE

TEL

MOBILE

EMAIL

PERMANENT HOME ADDRESS (if different from above)

PIN/ZIP CODE

SECTION 3 – EMERGENCY CONTACT DETAILS

NAME

ADDRESS (Home/Office)

PIN/ZIP CODE

TEL

MOBILE

EMAIL

SECTION 4 – INSURANCE DETAILS

INSURANCE CO. NAME

TEL

EMAIL

POLICY NO.

AMOUNT COVERED

COVERED DATE FROM

TO

SECTION 5 – PARENT’S INFORMATION

FATHER’S NAME

<input type="radio"/> EMPLOYED <input type="radio"/> SELF EMPLOYED <input type="radio"/> UNEMPLOYED			PLACE (City/Town)
EMPLOYER/BUSINESS NAME		DESIGNATION	
ADDRESS (Home)			
		PIN/ZIP CODE	
TEL	MOBILE	EMAIL	

MOTHER’S NAME

<input type="radio"/> EMPLOYED <input type="radio"/> SELF EMPLOYED <input type="radio"/> UNEMPLOYED			PLACE (City/Town)
EMPLOYER/BUSINESS NAME		DESIGNATION	
ADDRESS (Home)			
		PIN/ZIP CODE	
TEL	MOBILE	EMAIL	

SECTION 6 – ACADEMIC INFORMATION

1. NAME OF HOME INSTITUTION

NAME OF COORDINATOR	EMAIL
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2. PREVIOUS & CURRENT AREA OF STUDY

	SEMESTER
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OTHER COURSES UNDERTAKEN

SECTION 7 – DECLARATION OF ACHIEVEMENT, SPECIAL CONSIDERATION AND NEEDS

In keeping our philosophy of affirmative and inclusive education we invite all applicants to provide any additional information that should be taken into consideration for admission into a course of study.

Note: Please attach documents of proof where necessary.

DECLARATION OF ACHIEVEMENT (I have been recognized and won awards in one or more areas below)

AREAS	AWARDS
Sports	
Olympiads and/or Science Talent	
Debates, Quizzes	
Music / Dance / Theatre / Film	
Other (specify)	

DECLARATION OF SPECIAL NEEDS

Declaration of a condition helps the institution to provide appropriate support for your needs when required. This information will be kept confidential. All conditions declared **MUST** be accompanied with copies of medical documents that validate the same to avail necessary support at Srishti Manipal.

SECTION 8 – LETTER OF INTENT

Explain in 250 to 500 words your key motivation for applying and what you hope to explore or achieve from the program. Attach your essay on a separate A/4 sheet(s). It must be hand written in black ink. Please write your full name on each sheet, and ensure that all the sheets are enclosed with this application form.

SECTION 9 – DOCUMENTS & OTHER REQUIRMENTS

Please, submit the following with this application form

1. Photocopy of passport
2. Photocopy of most recent grade sheets/transcript
3. Two recent color photos (passport size)
4. Portfolio (online link/pdf)
5. COVID-19 vaccination certificates

SECTION 10 – DECLARATION / SIGNATURE

I acknowledge and agree that the completion & submission of this application is for the Student Exchange Program at Srishti Manipal Institute of Art, Design and Technology, Bangalore, INDIA.

I certify that all the information in my application is factually true, and honestly presented. I have read and agree to comply with the Srishti Manipal Admission Policy 2023-24 and will accept the outcome of the admission process as final.

I Accept

Signature _____

Date _____

Please note that

- Any change in mailing addresses, contact numbers, email IDs, medical status and medication should be brought to the attention of the Srishti Manipal administration office immediately.
- All foreign nationals to attach a copy of their passport with visa page and any other relevant documents.