**EXCHANGE OF SCHOLARS**

**APPLICATION FORM**

|  |  |  |  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| 1. **Name in full:** | | | | | | | | | | | |
| Male | | | |  | |  | | | | |  |
| Female | | | | Family | | First | | | | | Middle |
| 1. **Date of Birth and Nationality:** | | | | | | | | | | | |
|  | | |  | | | |  | | |  | |
| Day | | | Month | | | | Year | | | Nationality | |
| 1. **Residence:** | | | | | | | | | | | |
| Address:………………………………………………………………………………………………………………………………………………..…………………………………………………………………………………………………………………………………………………… | | | | | | | | | | | |
| Zip Code |  | | | | | | | Country |  | | |
| Telephone | |  | | | (0) | | | | | | |
| Country | | | Area | | | | | | |
| Facsimile | |  | | | (0) | | | | | | |
| Country | | | Area | | | | | | |
| Mobile Phone | |  | | | | | | | | | |
| 1. **Affiliation:** | | | | | | | | | | | |
|  | | | |  | | | | |  | | |
| Position | | | | Department and Faculty | | | | | Institution | | |
| Address:……………………………………………………………………………………………………………………………………………….……………………………………………………………………………………………………………………………………………………… ….……………………………………………………………………………………………………………………………………………………… | | | | | | | | | | | |
| Zip Code |  | | | | | | | Country |  | | |
| Telephone | |  | | | (0) | | | | | | |
| Country | | | Area | | | | | | |
| Facsimile | |  | | | (0) | | | | | | |
| Country | | | Area | | | | | | |
| 1. **Email Address:** | | | | | | | | | | | |
|  | | | | | | | | | | | |

|  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- |
| 1. **Duration of visit:** | | | | | | | | |
| From: | | |  | |  | | |  |
| Day | | Month | | | Year |
| To: | | |  | |  | | |  |
| Day | | Month | | | Year |
| Total: | | |  | | Days | | |
| 1. **Past stay(s) in India (if any):** | | | | | | | | |
| Period | | Place | | | | Funded by | | |
|  | |  | | | |  | | |
|  | |  | | | |  | | |
|  | |  | | | |  | | |
|  | |  | | | |  | | |
|  | |  | | | |  | | |
| 1. **Language competency:** | | | | | | | | |
| Language | Speaking | | | Writing | | | Reading | |
| Excellent |  | | |  | | |  | |
| Good |  | | |  | | |  | |
| Fair |  | | |  | | |  | |

I certify the above information to be accurate and correct.

Date: Signature: