



**MANIPAL UNIVERSITY
JAIPUR**

Established under Act No. 21 of 2011, State of Rajasthan; Recognised u/s 2(f) UGC Act, 1956

DIRECTORATE OF INTERNATIONAL COLLABORATIONS

MANIPAL UNIVERSITY JAIPUR [MUJ]

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Rajasthan, India

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APPLICATION FOR STUDY IN MUJ (INBOUND)

(This form has to be filled by the applicant 2-3 months before the program starts)

PART I : To be completed by the applicant.

A. NAME OF PROGRAMME : Exchange / Short Term / Internship / Visits

B. APPLICANT / PARTICIPANT PERSONAL DETAILS (COMPULSORY)

Recent Passport
Sized Photograph
(Please write your
name at the back of
the photo)

Name (Mr./Mrs./Miss)			
Passport No.		Mobile Number	
Date of Birth		Age	
Place of Birth		Ethnicity	
Gender	<input type="checkbox"/> Male <input type="checkbox"/> Female	Marital Status	<input type="checkbox"/> Married <input type="checkbox"/> Single
Citizenship/ Nationality		Religion	
E-mail address			
Next of kin		Contact number	
Home address			
State & Country		Postcode	

C. EDUCATION AT HOME UNIVERSITY (COMPULSORY)

Current Home University (name & full address)			
Phone number		Fax number	
E-mail address		University web site	
Faculty			
Programme Of Study			
Level Of Study	<input type="checkbox"/> Diploma <input type="checkbox"/> Bachelor <input type="checkbox"/> Masters <input type="checkbox"/> PhD	Current semester	
Current result (CGPA)		Expected year of graduation	
Academic awards obtained (please specify name of award, organiser & date received):			

D. OTHERS (CO-CURRICULUM ACTIVITIES / SPECIAL SKILLS)

Co-curriculum activities :
Special skills :

E. STUDY IN MUJ (COMPULSORY)

Faculty / School applied in MUJ	
Does your university have MoU with MUJ?	<input type="checkbox"/> Yes <input type="checkbox"/> No
Type of mobility program	<input type="checkbox"/> Exchange Programme (1 or 2 semester) <input type="checkbox"/> Short term Programme (less than 1 semester) <ul style="list-style-type: none"> • Mobility Program (2 weeks or more) • Short Mobility (7-13 days) • Industrial Training (with credit) <input type="checkbox"/> Internship Programme (work/research attachment) <input type="checkbox"/> Visits (less than 7 days) <input type="checkbox"/> Others, please specify _____
Period of study (in MUJ)	<input type="checkbox"/> 2 semesters <input type="checkbox"/> 1 semester <input type="checkbox"/> Others Commencing _____ to _____
Please describe your research project (if relevant)	<div></div> <hr/> Proposed site supervisor at MUJ : <hr/> List of equipment required : <ul style="list-style-type: none"> • • • • • •
Transfer of credits required (Please fill in the Academic Transcript Form)	<input type="checkbox"/> Yes <input type="checkbox"/> No Please specify each course to be taken in MUJ: <hr/> <hr/>

F. FINANCIAL INFORMATION (COMPULSORY)

How would you intend to finance your programme?

☐

Self-sponsored

☐

Home Institution

☐

Sponsor

Please specify details of sponsorships (Sponsoring Body/Institution/Association):

G. LANGUAGE

Native Language							
Language proficiency	English	<input type="checkbox"/>	Proficient	<input type="checkbox"/>	Moderate	<input type="checkbox"/>	Weak
	Hindi	<input type="checkbox"/>	Proficient	<input type="checkbox"/>	Moderate	<input type="checkbox"/>	Weak
	Others (specify)	<input type="checkbox"/>	Proficient	<input type="checkbox"/>	Moderate	<input type="checkbox"/>	Weak
	<hr/>						

H. INTER-OFFICE COMMUNICATION (COMPULSARY)

Please include the contact person from the **home university** (international officer/student exchange/mobility coordinator) who is responsible for correspondence.

Name (Dr. / Mr. / Miss / Mrs.)			
Position			
Office/Department			
Correspondence address			
Phone number		Fax number	
E-mail address			

I hereby declare that the information provided in this form is true.

Signature : _____

Date: _____

Name : _____

NOTE: Please submit 4 current colored photographs (passport size), a copy of your passport (front page only). For credit transfer program, please enclosed a copy of academic transcript.

PART II : To be completed by MUJ .

APPROVAL BY THE DEAN OF FACULTY / HEAD OF CoE :

Comment :

(For credit transfer program, Dean is requested to comment on the courses applied by the students)

Name :

Signature & Stamp :

Date:

APPROVAL BY THE INTERNATIONAL COLLABORATIONS' DIRECTOR :

Comment :

Name :

Signature & Stamp :

Date:

APPROVAL BY THE PRESIDENT / PRO-PRESIDENT :

Comment :

Name :

Signature & Stamp :

Date :