



**C. V. Raman  
Global University**



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# STUDENT APPLICATION FORM EXCHANGE PROGRAM

*For office use only*

DATE

APP NO.

## PROGRAM APPLIED FOR

UNDERGRADUATE  
PROGRAM

POSTGRADUATE PROGRAM

## PERSONAL INFORMATION

(as on educational certificate-Board /Degree Certificate)

APPLICANT'S  
NAME

First

Use capital letters with  
black ink only

Middle

Last


DATE OF BIRTH (DD/MM/YYYY)

NATIONALITY

PLACE OF BIRTH

PLACE OF RESIDENCE

GENDER

F  M  T

Others

PASSPORT NO.

PLACE OF ISSUE

DATE OF ISSUE

DATE OF EXPIRY

LANGUAGES

SPEAK

READ

WRITE

COMPREHEND

Scale: 1- basic knowledge 2 - limited experience 3 - practical application 4 - Advanced

MAILING ADDRESS

PIN/ZIP CODE

TEL

MOBILE

EMAIL

PERMANENT HOME ADDRESS

PIN/ZIP CODE

## EMERGENCY CONTACT DETAILS

NAME

ADDRESS (Home/Office)

PIN/ZIPCODE

TEL

MOBILE

EMAIL

## INSURANCE DETAILS

INSURANCE CO.NAME

TEL

EMAIL

POLICY NO.

AMOUNT COVERED

COVERED DATE FROM

TO

**PARENT'S INFORMATION**

FATHER'S NAME

EMPLOYED

SELFEMPLOYED

UNEMPLOYED

PLACE (City/Town)

EMPLOYER/BUSINESS NAME

DESIGNATION

ADDRESS (Home)

PIN/ZIP CODE

TEL

MOBILE

EMAIL

MOTHER'S NAME

EMPLOYED

SELFEMPLOYED

UNEMPLOYED

PLACE (City/Town)

EMPLOYER/BUSINESSNAME

DESIGNATION

ADDRESS (Home)

**ACADEMIC INFORMATION**

1.NAME OF HOME INSTITUTION

NAME OF COORDINATOR

EMAIL

2.PREVIOUS & CURRENT AREA OF STUDY

SEMESTER

OTHER COURSES UNDERTAKEN

**DECLARATION OF ACHIEVEMENT, SPECIAL CONSIDERATION AND NEEDS**

In keeping our philosophy of affirmative and inclusive education we invite all the 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	
Essay, Debates, Quizzes	
Music/Dance/Movie	
Others ( <i>specify</i> )	

### ***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 CGU.*

### ***LETTER OF INTENT***

Explain in 250 to 500 words a short introduction paragraph – indicate you are submitting this letter with the intent to do a specific program. Indicate that the intent is based on the following conditions

### ***DOCUMENTS & OTHER REQUIRMENTS***

1. Mail the documents following with this application form to [int.relat@cgu-odisha.ac.in](mailto:int.relat@cgu-odisha.ac.in)
2. Photocopy of passport
3. Photocopy of Transcript of Records from your home university
4. Scanned color photo (passport size)
5. Photocopy of a completed learning agreement from home institution
6. Photocopy of language certificate
7. COVID-19 vaccination certificate

### ***DECLARATION/SIGNATURE***

I acknowledge and agree that the completion & submission of this application is for the Student Exchange Program at CGU, Bhubaneswar, INDIA.

I certify that all the information in my application is true and honestly presented. I have read and agree to comply with the CGU 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 CGU exchange program coordinator at [int.relat@cgu-odisha.ac.in](mailto:int.relat@cgu-odisha.ac.in); +91-7381931100 (Call & WhatsApp)