Inward Mobility Student Application Form

Personal Information

Field
Full Name
Date of Birth
Gender
Nationality
Passport Number
Email Address
Phone Number
Permanent Address

Academic Information

Field
Home University
Country
Program of Study
Year of Study
Current GPA/Percentage
Expected Graduation Date

Mobility Program Details

Field
Program/Exchange Duration
Program Start Date
Program End Date
Purpose of Mobility

Language Proficiency

Field
Primary Language
Other Languages Known
Language Proficiency Tests Taken

Financial Information

Field
Are you applying for any scholarships or financial aid for this program? (Yes/No)
If yes, please specify

Emergency Contact Information

Field
Full Name
Relationship to Student
Phone Number
Email Address

Address

Supporting Documents

- Statement of Purpose
- Academic Transcripts
- Recommendation Letters
- Language Proficiency Test Results
- Resume/CV
- Passport Copy

Declaration

I hereby declare that the information provided in this application is true and accurate to the best of my knowledge. I understand that providing false information may result in the rejection of my application or cancellation of my participation in the program.

Signature: _____

Date: _____

Submission Instructions

Please submit the completed application form along with all supporting documents to the Centre for International Relations office or email them to internationalrelations@sece.ac.in.