



APPLICATION FOR STUDY ABROAD PROGRAM (SAP)

NAME:

REGISTRATION No. :

GENDER (Tick): Male Female

DEPARTMENT:

BRANCH:

CURRENT SEMESTER:

YEAR OF JOINING:

CGPA- UP TO THE END OF THE PREVIOUS SEMESTER:

STUDENT MOBILE NO.:

STUDENT E-MAIL:

ALTERNATE E-MAIL:

PASSPORT NO.:

VALID TILL:

PLEASE PASTE A
RECENT PASSPORT
SIZE COLOUR
PHOTOGRAPH.

**DO NOT USE A PIN
OR STAPLE**

PARENT DETAILS

PARENT'S NAME:

CONTACT NO.:

OCCUPATION:

E-mail ID:

CHOICE OF UNIVERSITIES FOR SAP

1.

2.

Declaration: By signing this undertaking, I hereby agree to the rules and regulations laid down by Manipal Academy of Higher Education for the SAP.

STUDENT SIGNATURE

PARENT SIGNATURE

DATE:

Please submit the completed application to the Office of the Associate Director (Alumni, P & International Relations) at MIT, Manipal.



If I am admitted as a student to the university, I undertake to:

1. Perform such work as may be assigned to me by members of staff and to conform to all the rules and regulations laid down by the university.
2. Acquaint myself with all the rules, regulations and instructions applicable to the qualification for which I enroll; I have also acquainted myself with the fees payable as stipulated by the university.
3. I acknowledge that the rules and regulations and instructions referred to in 1 and 2 above are subject to amendment without further notice.
4. I undertake to immediately notify the Study Abroad Coordinator in writing if I change or cancel my registration. I further undertake, if applicable to me, to immediately notify my legal guardian and/or the person who assumes liability for payment of the fees owing by me if I change or cancel my registration and to provide the said person with all accounts received from the university. I further acknowledge that such cancellation is not valid unless given in writing.
5. I am aware that my registration is valid only if it complies with the regulations of the qualification concerned, notwithstanding the acceptance of this registration by the university.
6. The fees and conditions shall be determined by the University and are subject to amendment without prior notice. I undertake to pay all fees prescribed by the university in respect of any module/ qualification for which I register, by the due date as well as all other fees, which may be owing by me to the university.
7. Accept that my examination results, degree and study record may be withheld under the following circumstances:
 - 7.1. In the event of my student account being in arrears or
 - 7.2. In the event of any disciplinary matter pending against me
8. I understand that, if after registration, it is found that my tuition fees or residence account or any other monies including the cost for the replacement of library materials owing to the university have not been paid by the prescribed date, my registration may be cancelled. Failure to pay residence fees by the date stipulated by the university may result in my eviction from the residences.
9. I will immediately notify the Study Abroad Coordinator, in writing, if I change my address.
10. Should I, during the course of my studies at the university, sustain any injuries or contract any illness or suffer loss or damages, I hereby undertake not to initiate any claim against the university on account thereof, irrespective of the cause of such damages or loss. In the event of my death during the course of my studies, this undertaking shall be binding on the executor of my estate and my heirs and successors-in-title. Under the circumstances referred to, I or my executor, administrator, heirs and successors-in-title (in the event of my death) hereby indemnify the university in respect of any damages suffered by me from any of the causes referred to above.
11. Upon registration I accept responsibility for ensuring that I am registered for the correct modules; that I have no examination or lecture timetable clashes; and that I have made provision for adequate modules and credits for the qualification I wish to obtain.
12. The information furnished by me herein is to the best of my knowledge true, correct, and complete.

STUDENT SIGNATURE

PARENT SIGNATURE

DATE: