

**STUDENT SUPPORT SERVICES**

**Centre for International Exchange Programmes**

APPLICATION FORM FOR PORTUGAL EXCHANGE PROGRAMME

STUDENT NAME: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

CLASS/SUBJECT SPECIALIZATION: \_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ROLL NO.: \_\_\_\_\_\_\_\_\_ GENDER: (M/F)

PARENT/GUARDIAN NAME: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

RESIDENTIAL ADDRESS: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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PERSONAL CONTACT NO. : \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ EMAIL ID: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

PARENT CONTACT NO.: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ EMAIL ID: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

EXTRA CURRICULAR

ACTIVITIES: PERFORMING ARTS( ) DANCE( ) INDIAN CLASSICAL DANCE( )

 SINGING( ) INDIAN CLASSICAL SINGING( ) INSTRUMENTAL MUSIC( )

 DRAMA( )

INDICATE PROFICIENCY IN ABOVE: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

AGGREGATE PERCENTAGE OF MARKS: 10th:\_\_\_\_\_\_12th: \_\_\_\_\_\_F.Y.: \_\_\_\_\_S.Y.: \_\_\_\_T.Y.: \_\_\_\_\_\_

(LAST TWO YEARS)

POSSESION OF PASSPORT: (YES/NO) PASSPORT NO.: \_\_\_\_\_\_\_\_\_\_\_ VALID TILL: \_\_\_\_\_\_\_\_\_\_\_\_

ALLERGIES (IF ANY): \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

FOOD HABITS: VEG. ( ) NON VEG. ( )

PARTICIPATED IN ANY PREVIOUS EXCHANGE PROGRAMMES

OF THE COLLEGE (JAPAN/SWEDEN/SRILANKA): \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

IF APPLYING FOR ANY OTHER EXCHANGE PROGRAMME, KINDLY MENTION: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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 PARENT/GUARDIAN SIGN STUDENT SIGN