Print Form

SASTRA UNIVERSITY

THANJAVUR

APPLICATION FOR SEMESTER ABROAD / INTERNSHIP PROGRAMME

PERSONAL INFORMATION

NAME

DOB GENDER M ☐ F ☐

ADDRESS

CITY PIN CODE

Mobile Phone Email ID

Passport No. Valid till (DD/MM/YYYY)

FAMILY INFORMATION

Father's Name

Occupation

Mother's Name

Occupation

Mobile Phone Land Line

Email ID

Annual Income Father Mother

Financial Support Loan ☐ Self Support ☐

ACADEMIC INFORMATION

REGISTER NUMBER

Current Semester School Branch

CGPA (Upto the end of V / VI / VII Semester

Degree Programme : B. Tech ☐ 5-Year M. Tech. ☐ B.L. ☐ M.Tech. ☐ M.B.A. ☐

M.C.A. ☐ Others

Period of Proposed SAP Internship: From To

Will you attend classess during the semester? ☐ Yes ☐ No

If yes, Will you be able to reach SASTRA before second CIA of the Semester? Yes ☐

If not, do you undertake to Manage the end Semester Exam on self-study? Yes ☐

Knowledge of Foreign Languages

SAP / INTERNSHIP DETAILS

Internship Details

Name of Organisation/ University with Address

Contact Details of Supervisor

Title of Project

(Proof of Internship offered to be attached)

SAP DETAILS

Name of University
(Indicate your first three choices of the University under SAP)

Tentative Course List

	University 1	University 2	University 3
i)			
ii)			
iii)			
iv)			
v)			
vi)			

Whether the indicated courses meet SASTRA's course requirement? YES ☐ NO ☐

If No, are you agreeing to make good the deficit on a self study basis? YES ☐ (Tick Yes)

Whether internship / SAP arranged: By University ☐ On your own ☐
(University means SAP with University partner – list already furnished)

Will you get Stipend YES ☐ NO ☐

If Yes, _____ per month.

Are you applying for the Desh-Videh Scholarship? YES ☐ NO ☐

Which Option (Tick any one)

☐ (a) US$ 200/- per month for a maximum of 5 months.

☐ (b) Round trip economy air fare by the shortest route.

☐ (c) Both

I certify that the above statements and answers are true, complete and correct to the best of my knowledge. Any willful concealment or fabrication of data will lead to immediate disqualification and appropriate disciplinary action.

Signature of Student

Date:

Signature of Parent:

Name of Parent:

Date:

By signing this, the parent is deemed to have been briefed by their ward and is fully aware of the rules and regulations of the Semester Abroad / Internship programme.

OFFICIAL USE

Approved ☐ Not approved ☐

Signature of the Approving Authority