Rajagiri Centre for Business Studies

Rajagiri Valley P.O., Kakkanad, Kochi, Kerala-682039

riier@rajagiri.edu

International Student Mobility Program

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| --- |
| Recent Photo 1”x1” size  |

 Application for Admission

 Please mention period of study : From: \_\_\_/\_\_\_/\_\_\_\_ To \_\_\_/\_\_\_/\_\_\_\_

 ( *dd / mm / yyyy* )

**Part A: PERSONAL DETAILS**

Title ……First Name …………………………………Surname…………………………………………....

 Date of Birth: ………………………………… Place of Birth: ……………………………………………..

Nationality………………………………..: …………………………………………......................................

 Marital Status: …………………………………..Passport No.: …………………………………… …………

Email Address: ………………………………………………………………………………………………. ..

Tel No.: ………………………………………………………………………………………………………….

Correspondence Address:

……………………………………………………………………………………………………………………

Person to Notify in Case of Emergency:

Name: ………………………………………………………………………………………………………………

Relationship: …………………………..………email Address: ……………………………….………………….

Tel …………………………...................

**Part B: EDUCATION**

Home University in which you are enrolled

Current level of Study Undergraduate Graduate

Expected Degree: …………………Major: …………………………………………..Minor:…………….. ………...

Cumulative Grade Point Average (CGPA): ……………Anticipated Date of Award: ……………………………… Part C: LANGUAGE PROFICIENCY

Native Language:

………………………………………………………………………………………………………………………………

Other Language Proficiency:

………………………………………………………………………………………………………………………….

**Part D: PROPOSED STUDY PLAN**

Course(s) intended to study at Rajagiri International Institute for Education and Research (RIIER) (maximum 7courses)

|  |  |  |
| --- | --- | --- |
| Course ID  | Course Title  | Time  |
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|   |   |   |
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|   |   |   |

**Part E: OTHER INFORMATION**

Working Experience (if applicable)

|  |  |  |
| --- | --- | --- |
| Name of Company  | Nature of Work  | Duration  |
|   |   |   |
|   |   |   |
|   |   |   |

DECLARATION

I authorize Rajagiri Centre for Business Studies to use my data to carry out checks on records of my studies. I declare that the information given in support of this application is accurate and complete, and understand that any misrepresentation will result disqualification of my application for admission and subsequent enrollment in Rajagiri. I understand that if admitted I am responsible for applying to the Foreigner’s Regional Registration Office (FRRO) via Rajagiri Office for a Registration, if applicable, to stay in India for the entire period of study at Rajagiri. I give my consent for Rajagiri to release my official transcript to my home institution. I hereby also agree that I will actively participate in all the academic activities viz. seminars, Panel Discussions, workshops, international and national conferences, evening lectures, Cultural exchanges etc. arranged on and off campus. I also understand that 75% attendance in lectures is one requirement to attend semester examinations.

 Signature: ……………………………………………… Date:………………………………………

***Agreement on Fee Payment for mobility Students***

I have applied to join management programmes under Rajagiri Centre for Business Studies , Rajagiri Valley P.O, Kakkanad, Kochi, Kerala for the period From ………………………… to …………………………….

 I agree to pay the total expenses for my period of stay towards my accommodation and food in advance to Rajagiri International Institute for Education and Research (RIIER) before my arrival. The amount calculated as mentioned in page no. 4 will be transferred to the account given below

***Hostel Fee calculation:***

Food and accommodation expenses : US$ 300 per month per head

Refundable deposit : US$ 100

Eg. If a student is staying for 4 months total amount to be paid in advance is US$ 1300 out of which US$ 100 will be refunded at the time of departure.

|  |
| --- |
| Beneficiary Details |
| *Beneficiary Bank Name :* | ICICI BANK LTD |
| *Beneficiary Bank Address :* | COCHIN PORTALS,X-110C,SEAPORT AIRPORT ROAD KAKKANAD. |
| *Beneficiary Account  Name :* | *RAJAGIRI BUSINESS SCHOOL* |
| *Beneficiary Account  #* | 115901000165 |
| *Beneficiary Bank SWIFT CODE:* | ICICINBBCTS |

Name : …………………………………………………………… Signature………………………………………..

Home Institution: ………………………………………………………………………………………………………………

Email address : ………………………………………………………………………………………………………………..

Full Mailing (postal) address : ……………………………………………………………………………………………….