

# HIMALAYAN INSTITUTE

Swami Ram Nagar, P.O. Doiwala, Dehradun – 248140, Uttaranchal (India)  
Telephone: 91-135-247-1133, Fax: 91-135-247-1122  
Visit us at: [www.hihtindia.org](http://www.hihtindia.org)

## APPLICATION FOR INTERNATIONAL ELECTIVES' PROGRAM

### SECTION A

Affix a recent  
passport size  
photograph

(Do not staple)

*Please fill in capital letters*

1. Name of the student .....

2. Date of Birth (MM/DD/YY) .....

3. Father's Name .....

4. Mother's name .....

5. Mailing address

.....  
.....  
.....

6. Permanent Address

.....  
.....

7. Phone Number(s) i) .....

ii) .....

8. E-mail address .....

9. Nationality .....

10. Citizenship .....

**11. Name and address of college / school where applicant is presently studying or working**

.....  
.....  
.....

**12. Details of proficiency in English / Hindi / any other Indian language**

.....  
.....  
.....

**13. Have you ever been convicted by a court of Law?    Yes  No**   
**(Please tick in the appropriate box)**

**14. Please mention a contact person and telephone number to be used in case of emergency**

.....

**15. List the name, address and phone numbers of two academic referrers and have them send letters to the Program Coordinator**

(i) Name.....

Address.....

.....

Phone Number .....

(ii) Name.....

Address.....

.....

Phone Number .....

**16. Academic History:**

*Please list all college and universities attended by you in chronological order, beginning with the current Institution*

<b>Professional Educational Background</b>	<b>Name of the institution</b>	<b>Professional Course</b>	<b>Grade and Date of Passing</b>	<b>Remarks</b>

**17. Statement of Intent**

*State in clear and precise language your objectives for joining the program and what you expect to learn from your proposed experience at the Himalayan Institute. Attach additional sheets as necessary.*

**18. Any other relevant information you would like to state:**

.....

.....

.....

**19. Declaration by the student:**

*I certify after reading and understanding the application material, that the above information furnished by me is complete and correct and not misleading to the best of my knowledge and belief. I also understand that any documentation to the contrary may lead to forfeiture of my application or removal from the program in addition to disciplinary action as deemed fit by the Administration of the Himalayan Institute, Dehradun, Uttaranchal, India.*

**Place**

**Date**

\_\_\_\_\_  
**Signature of the student**

**Check list for enclosures (submit photocopies of the same):**

- 1. Duly filled in Application Form (Section A and B) with attached photographs
- 2. Immunization certificate
- 3. Proof of international health Insurance
- 4. Letters from two academic referrers

## SECTION B

**(Certification from the Dean/Head/Registrar of the College/School)**

*(To be personally filled in by the Dean/Head/ Registrar of the Parent institute)*

**1. The student** (Name).....  
**of** (year)..... **as of** (date) .....  
**of** (Name of the Professional Program)..... **is of good standing.**

**2. The student is**  **is not**  covered by International Health insurance policy.  
(Please tick the appropriate)

**3. Conduct and character of the student:** (Please write in brief)

.....  
.....  
.....  
.....

(COLLEGE / SCHOOL SEAL)

**Signature**

**Name**

**Designation**

**Date**

**Place**