Annexure A



AMITY UNIVERSITY

		Preference 1	Preference 2 nd
Name:		Enrolment N	
Programme:			lo:
	В	atch:	Semester:
nstitution:		Campus	
Mobile:	Er	nail:	
Aadhar Number:		PAN Number	:
Passport Number:		Date of issue:	Date of Expiry
Academic Performance: Semester	SGPA	CGPA	No. of Back paper

Parents Details:		
Father's Name:	Occupation:	Organization:
Designation:	Mobile No:	Email:
Mother's Name:	Occupation:	Organization
Designation:	Mobile No:	Email:
ny previous Medical H	listory:	
Financial Details: How are you going to fur	nd your SAP trip:	
Family Income:		
Emergency Contact Deta		Email:
ndertaking:		
_	above is true to the best of my k road Programme in prescribed f	knowledge and belief and I have submitted the ormat of the Amity University.
Date:		Signature:
ecommendation of Pro	ogramme Coordinator/Pro	ogramme Leader:
Signature:		
<u></u>		Name:
Date:		Designation: Contact No:
pproval by Head of Ins	stitution:	
Date: Institute Stamp		<u>Signature:</u> Name:

Annexure B

INDEMNITY BOND (on Rs 100 Stamp Paper)

I	am	the	father/natural	guardian	of	Mr./N	ls		r/o		
-				, aged	al	bout	years,	who	is	studying	at
			(Institute's	Name) in its			Prog	ramme	bearing	enrolment	no.
		, is now	proceeding to	•••••			as a	part of	Study Abı	oad Prograr	nme
(SA	AP) Odd	Semest	er 2025.								
۱h	ave und	derstoo	d that Amity and			<u>(\</u>	isiting Institution f	or SAP)	have ma	de the neces	ssary
arı	angem	ent for	the conduct of sa	aid program. I	have	gone th	rough the rules ar	nd regul	ations pr	escribed by	the
An	nity an	d		to be follo	wed	by the s	tudents, while on	an outs	tation to	ur, which I	have
fo	und vei	ry appro	opriate, and the s	same has also	beer	n read a	nd understood by	my sor	n/daught	er who has	also
ex	ecuted	an und	ertaking for the s	ame. I have fu	illy ur	nderstoo	d that my son/dau	ghter is	going er	ntirely at his	s/her
ow	n acco	rd and <i>i</i>	Amity and		. <u>(Visi</u>	ting Inst	itution for SAP) sha	all not b	e respon	sible for his	/her
ow	n actio	ns and	deeds during thei	stay in			(Place of v	isit)			
۱h	ereby ¡	oromise	e to keep indemni	ified and harn	nless	the Ami	ty and	•••••	<u>(Visitin</u>	g Institutio	n for
<u>SA</u>	<u>P)</u> , its P	arents l	body, their Employ	ees /officials,	from	every ty	pe of loss(s) or dam	nage(s) v	which ma	y arise out f	rom
the	e action	or inac	ction of my son/da	ughter, during	the s	said tour	s, and also from an	y claim	arising fr	om those ac	tion
or	inactio	n of my	son/daughter.								
						Signatu	re of the Indemn	ifier			
						Nam	e of the Indemn	fier			
1.	Signat	ure of	Witness:			2. Sią	gnature of Witne	ss:			
Na	me: _					Nam	e:			_	
Da	ite:					Date	:				
Ac	ldress:					Addr	ess				

UNDERTAKING (on Rs 100 Stamp Paper)

I	, s/d/o	r/o	
	aged about	yrs, is	s studying at
	(Institution's Name) in its	s	Programme bearing
enrolment no	and now proceeding to	·	(Visiting Institution for
SAP), for `Study Abroad P	rogramme (SAP) Even Semester 20	25 from	till
I have taken the necessa	ry permission/concurrence from	my Parents/Guardia	an, for my travel to this
study abroad programme	2.		
reby undertake that:			
	ne rules and regulations as		
	<u>g Institution for SAP)</u> for the Study	_	e (SAP) Odd Semester
	clearly read and understood by m		
	ny of the rules & regulations and	also the laws of th	ne Country where I am
proceeding.			
3. I shall not indulge in	n any unlawful activity and any acti	vity other than my	duties & obligations.
4. I shall not do anyth	ing which may cause any injury or	damage to me or to	any other person.
5. I shall keep my visa	papers with full security & always	ready.	
6. I shall observe stric	t discipline and follow the instructi	ions of my Teachers	/Professors/Attendants
and other authoriti	es during my stay at		
7. I shall not do anyth	ing while undergoing the said tour	at (<u>place of visit)</u> , w	hich may
bring disrepute to A	Amity &	(Visiting Institution	for SAP), its officials, or
prejudice the relati	ons between Amity and the partici	pating institutions.	
8. I will make the com	plete payment as laid down by Am	nity &	Visiting Institution
for SAP) for the said	d Programme.		
9. I have taken the n	ecessary Insurance Policy, and A	mity &	(Visiting
Institution for SAP) h	nas no liability whatsoever, to b	ear, in case any r	mishap / mishappening
occurs to me.			
10. I shall in no case lea	ave(<u>place of stay)</u> dur	ring my stay for this	Study Abroad Program
and would proceed	straight hack to India nost comple	ation In case due to	extreme circumstances

I need to leave(<u>Place of sta</u>	<u>ay)</u> ., I understand that I would need the written permission
of Director, Amity	
11. I also understand that in case I am fo	ound guilty of any unlawful activity or breaking the
rules mentioned above or otherwise,	I shall be liable to be deported back to India and
Amity &	
(Visiting In	stitution for SAP) shall not be liable for any financial
claims/refunds.	
12. I am responsible for my visa document	ation and shall not hold Amity &
(Visiting Institution for SAP) responsible	e for Visa Rejection.
13. I would make the complete payment to	owards any loss or damage caused by me to the
Institute's property or the Arrangemen	its made during my stay at(<u>Place of</u>
stay).	
(Signature of the Student)	(Signature of the Witness)
Name:	Name:
Address:	Address:
Date:	

Annexure D (for students who opt for Own Accommodation) (on Rs 100 Stamp Paper)

INDEMNITY BOND

I am the father/natural guardian	of Mr./Ms	,	r/o		
, aged	about	years, w	ho is	studying	at
(Institute's Name) in its		Programn	ne bearing	enrolment	no.
, is now proceeding to	as a part	of Study Abro	oad Progran	nme (SAP) O	dd
We have made necessary arrangements fo	or the accommodat	ion of our	ward on	our own	at
I have understood that Amity and	(Visiting Ins	stitution for SA	<u>(P)</u> have ma	de the neces	sary
arrangement for the conduct of said program. I h	nave gone through the	e rules and re	gulations pr	escribed by	the
Amity and to be follow	ed by the students, w	hile on an ou	tstation tou	r, which I ha	ve
found very appropriate, and the same has also b	een read and unders	tood by my so	on/daughte	who has a	so
executed an undertaking for the same. I have fully	understood that my	son/daughter	is going ent	irely at his/h	ıer
own accord and Amity and	(Visiting Institution for	<u>r SAP)</u> shall no	t be respons	ible for his/h	ner
own actions and deeds during their stay in	<u>(</u> 1	Place of visit)			
I hereby promise to keep indemnified and harml	ess the Amity and		<u>(Visitir</u>	ng Institution	<u>ı for</u>
$\underline{\sf SAP)}$, its Parents body, their Employees /officials, fr	om every type of loss(s) or damage(s) which may	arise out fro	mc
the action or inaction of my son/daughter, during t	he said tours, and also	from any clair	n arising fro	m those acti	on
or inaction of my son/daughter.					
	Signature of the	e Indemnifier			
	Name of the I				
2. Signature of Witness:	2. Signature	of Witness:_			
Name:	Name:				
Date:	Date:				
Address:	Address:				
Date:					

ANNEXURE F:

TO WHOMSOEVER IT MAY CONCERN

This is to certify that **STUDENT NAME, ENROLLMENT NO.** is a bona-fide student of COURSE NAME of **XXXX-XXXX** batch at **INSTITUTION NAME**, Amity University Uttar Pradesh, Noida.

He/She is going for Amity University's Study Abroad Program to gain global exposure at SAP DESTINATION NAME from 10th November— 12th December 2025.

The purpose of the letter is to allow him/her to remit the appropriate fee of **FEE AMOUNT** for the aforesaid Programme.

You are requested to do the needful.

Thank You!

Yours Sincerely,



AMITY SCHOOL OF INSURANCE, BANKING & ACTUARIAL SCIENCE

07th February 2024

TO WHOM SO EVER IT MAY CONCERN

This is to certify that Mr.Piyush Kalra, S/o Mr.Kapil Kalra, Enrolment No.A2883121036, is a bonafide student of Bachelor of Science (Actuarial Science) program Amity School of Insurance, Banking and Actuarial Science, Amity University Uttar Pradesh during the academic year 2021-24. He is a regular student.

(A.P. Singh) Director.

Stoot

I1-Block, 1st Floor, Amity University Campus, Sector - 125, Noida - 201303, Gautam Buddha Nagar, U.P. (INDIA)

Tel.; +91(0)-120-2431843 / 4392301 - 05 Fax: +91(0)-120-2431856

E-mail : insurance@amity.edu Website: www.amity.edu/asibas

ANNEXURE H:

SPONSOR LETTER FORMAT (To be issued by Father/Mother on 100 Rs Stamp Paper)

	NSOR	 гьв
721	14 71 1E	 гп

I, studying in, Enrollment No from Institution Name Amity University Uttar Pradesh is going for Study Abroad Programme for 5 weeks from 10 th November– 12 th December 2025 to Amity University [In] London.
I certify that he/ She is ready to go abroad from Amity University Uttar Pradesh. I have funded al the expenses and tuition fees from our own account and will bear all the expenses during his/he stay in London. He/she will not be involved in any illegal activity over there.
Date:
Place: