

# Annexure E

# **Study Abroad/Exchange Application Form 2025**

Country of Citizenship (as in passport):

In order for your application to be processed, we must have a <b>fully</b> completed Application Form and all supporting documents.  Supporting documents required are:  Full copy of the passport  Bank Statement	1
Enrolment letter from current institute	
Study Programme	
Year of entry:	
Period of Study	
Odd Semester (November to December)	
Even Semester (April to May)	
Summer Semester (June)	
Study Programme	
NAME (MUST BE AS IN PASSPORT):	
Last Name: First Name: Middle Name(s):	
Male Female	
Date of Birth: (Day/Month/Year)	

Passport Number:

Passport Issue date: (DD/MM/YY) Passport Expiry Date: (DD/MM/YY)			
Permanent/Home Mailing Address:			
Home number/Street: State/Province: Telephone (Inc country code): Mobile: Email: Alternative email:	Postal/Zip Code:	Town/City: Country:	
Home University: Current Year of Study:			
Contact Details of your Next of Kin			Ī
Title: Full Na	ıme:		
Email: Address: Home number/Street: State/Province: Telephone (Inc country code):	Postal/Zip Code:	Town/City: Country:	
Disability/Learning Difference Inform	mation		
Amity University [In] London welcon any disability or medical condition w academic decision about your applic place for the start of your study abro	which may impact your studies cation but will help us put any	s. Declaring disability will n	ot affect the
Please tick <b>at least one</b> of the followi	ng:		
No known disabilities			
Specific Learning disability e.g.	. Dyslexia		
Blind/partially sighted			
Deaf/hearing impairment			
Wheelchair user/mobility diffic	culty		
Mental health difficulties			
Unseen disability e.g. Diabetes	s, Epilepsy, Asthma		

Autistic spectrum disorder/Asperger's Syndrome
Disability not otherwise listed, please explain below
Please indicate any additional support you may require
Competence in English Language
Competence in English Language
Is English your first language Yes No
is English your mist language Tes 4
Are you currently being taught in English? Yes N
Personal Statement
Please tell us a bit about yourself, including your reasons for choosing to study abroad at Amity University [In] London permission (please limit to 300 words):
Annly offiversity [iii] London permission (pieuse innic to 500 words).

Decla	rations
Ισίν	e Amity University [In] London permission to contact 3rd parties
_	parents, guardians or home institution).
	Yes, I give consent to contact 3rd parties
	No, I do not give consent to contact 3rd parties
Do y	ou have any criminal convictions?
	s, you will be contacted confidentially for further information and to determineyour bility to attend Amity University [In] London permission.)
	ertake that I will return to my home country with ODD days of the end of the course at Afied in my invitation letter.
days	ee to provide a copy of my exit stamp obtained when leaving the UK to Amity within three of returning home. I understand that my certificate and transcript will not be provided I send the exit stamp to Amity University [IN] London.
corre	firm that the above information is correct and complete and all supporting documentsar ect and authentic. If you are submitting this form electronically, please type your name or your electronic signature below. In doing so, you confirm that the above statement is ect, as if the document has been signed and dated by hand.
CICA	ED:

### **Annexure B**

### **INDEMNITY BOND (on Rs 100 Stamp Paper)**

I	am	the	father/natural	guardian	of	Mr./M	S		r/o		
				, aged	al	bout	years,	who	is	studying	at
			(Institute's	Name) in its			Progi	amme	bearing	enrolment	no.
		, is now	proceeding to		•••••		as a	part of S	Study Abı	oad Prograr	nme
(SA	AP) Odd	Semest	er 2025.								
۱h	ave und	derstoo	d that Amity and			<u>(V</u>	isiting Institution f	or SAP)	have ma	de the neces	ssary
arı	rangem	ent for	the conduct of sa	aid program. I	have	gone th	rough the rules ar	ıd regul	ations pr	escribed by	the
An	nity an	d		to be follo	wed	by the st	tudents, while on	an outs	tation to	ur, which I	have
fo	und vei	ry appro	opriate, and the s	same has also	bee	n read a	nd understood by	my sor	n/daught	er who has	also
ex	ecuted	an und	ertaking for the sa	ame. I have fu	lly ur	nderstoo	d that my son/dau	ghter is	going e	ntirely at his	s/her
ow	n acco	rd and $\iota$	Amity and		. <u>(Visi</u>	iting Insti	tution for SAP) sha	all not b	e respon	sible for his	/her
ow	n actio	ns and	deeds during thei	r stay in			(Place of v	isit)			
۱h	ereby ¡	oromise	e to keep indemni	ified and harn	nless	the Amit	ry and		<u>(Visitin</u>	g Institutio	n for
<u>SA</u>	<u>P)</u> , its P	arents l	body, their Employ	yees /officials,	from	every ty	pe of loss(s) or dam	nage(s) v	which ma	y arise out f	rom
the	e actior	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 Indemni	fier			
1.	Signat	ure of	Witness:			2. Sig	gnature of Witnes	ss:			
Na	me: _					Nam	e:			_	
Da	nte:					Date	:				
Ac	ldress:					Addre	ess				

# **UNDERTAKING (on Rs 100 Stamp Paper)**

I	, s/d/o		r/o		
	aged about	yrs,	is	studying	at
	(Institution's Name) in	its	P	rogramme be	aring
enrolment no	and now proceeding t	to	(Vis	iting Institution	on for
SAP), for `Study Abroad P	rogramme (SAP) Even Semester 2	025 from	ti	ill	
I have taken the necessa	ry permission/concurrence from	n my Parents/Gu	ıardian, fo	or my travel to	o this
study abroad programme	2.				
reby undertake that:					
	ne rules and regulations as	·		\ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \	
	Institution for SAP) for the Stud clearly read and understood by	_	mme (SAP	) Odd Semeste	er er
			of the Co	untry whore	Lam
proceeding.	ny of the rules & regulations an	u also the laws	or the co	untry where	I dili
	n any unlawful activity and any ac	tivity other than	my duties	s & obligation	c
_	ng which may cause any injury o	•	•	_	٥.
·	papers with full security & alway	_	or to arry c	other person.	
	t discipline and follow the instruc	•	chars/Prof	accarc/Attand	lants
	es during my stay at	•	,11C13/11O10	c33013/Attend	ants
	ng while undergoing the said tou		it) which i	may	
•	Amity &			•	lc or
	ons between Amity and the parti			<u>rr j</u> , its officia	13, 01
•	plete payment as laid down by A			Viciting Inctit	ution
for SAP) for the said		y &		Visiting mistre	ution
ior sar	arrogramme.				
9. I have taken the n	ecessary Insurance Policy, and	Amity &		<u>(Vi</u>	<u>siting</u>
Institution for SAP) h	as no liability whatsoever, to	bear, in case a	ny misha <sub>l</sub>	p / mishappe	ening
occurs to me.					
10. I shall in no case lea	ve( <u>place of stay)</u> d	uring my stay for	this Study	y Abroad Pro	gram
and would proceed	straight hack to India nost comp	lation In case di	ie to evtre	me circumsta	ncas

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 F:**

BANK LETTER FORMAT (To be issued in Institute's letterhead and signed by Hol/HoD)

XX-XX-2025

# **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 10<sup>th</sup> November—12<sup>th</sup> 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.

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### **ANNEXURE H:**

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

# **SPONSOR LETTER**

I,studying in
London.
I certify that he/ She is ready to go abroad from Amity University Uttar Pradesh. I have funded all the expenses and tuition fees from our own account and will bear all the expenses during his/heistay in London. He/she will not be involved in any illegal activity over there.
Date:
Place: