

MANIPAL UNIVERSITY JAIPUR

Directorate of International Collaborations
REGISTRATION FORM FOR MOBILITY STUDENT
(July - Dec 2019)

1. Name of the Student: _____

1.1. Passport Number: _____

1.2. Home Institution: _____

1.3. Nationality: _____

1.4. Email: _____

1.5. Contact Number: _____

2. Emergency Contact Details

A) Name: _____

B) Contact Number: _____ Email: _____

3. Registration No. _____

4. Program _____ Branch _____ Semester _____

Courses to be registered for:

S. No.	Course Name	Course Code	Credits
1.			
2.			
3.			
4.			
5.			
6.			
7.			
8.			
Total Credits			

9. Details of Registration Fee Paid

(Amount of Rs/USD: _____ in favour of "**Manipal University Jaipur**" payable at Jaipur.)

Mode of Payment : _____ Date: _____

Transaction Number: _____

10. I..... declare that information filled above is correct to the best of my knowledge. Any false information would entail cancellation of my registration at any time.

Signature of the Student

Verified by Finance Section
(Complete Payment/Partial
Payment)

Signature of HoD

Director DoIC

*Note: Attach the Xerox copy of fees slip.

(Copy to be submitted to DoIC, Academics & CoE Office)