

International Cell Office

BNCA Returning Students Form

1/3

Student Name: Date (DD/MM/YYYY):					
Email:			Phone:		
Which Student Exchan	ge Progran	m:			
Country:					_
Name of Degree Progra	am (Host I	nstitution):			
Who was your study advisor?		Email:			
Level of Study: (undergo	raduate or g	graduate)			
During which Year of s	tudy did yo	ou attend this Prog	Jram :	(2,3,4 or 5) / (Master's 1,	2)
Expected Graduation: ((DD/MM/YYYY)				
Course Title / Number at the host institution	No. of Credits for this course	What type of Course Minor Major	Specific Details of the Course - Lecture Studio Field Study Independent Study Seminar	Professor (s) Incharge	Result

DID YOU RECEIVE ANY STIPEND DURING YOUR STUDY PERIOD?				
YES, please provide us the details of how you went about the process of applying for it				
□ NO				
WAS THERE ARRANGEMENTS FOR AIRPORT PICK-UP:				
☐ YES				
NO, How did you manage to reach the University?				
WAS THERE ASSISTANCE FOR OFF-CAMPUS / ON-CAMPUS ACCOMODATION:				
Who is the primary Contact Person -				
What is the Cost -				
What is the type of Accommodation you availed -				
What facilities were available in this accomodation provided -				
How did you manage with Food –				
HOW/WHERE DID YOU PROCURE YOUR INSURANCE & HOW MUCH DID IT COST YOU?				
WHAT IS THE TOTAL COST YOU INCURRED DURING THIS STUDY PERIOD. PLEASE GIVE US A BREAK UP FOR FOOD / RENT / LIVING EXPENSES / STATIONERY / TRAVEL				

CAN YOU DESCRIBE, ABOUT YOUR STUDY ABROAD EXPERIENCE, T	YPE OF WORK UNDERTAKEN?			
PLEASE EMAIL US SOME PICTURES OF YOUR STUDY ABROAD EXPERIENCE TO shruti.joshi@bnca.ac.in				
Signature:	Date:			
ISO 9001:2008 CERTIFIED - Maharshi Karve Stree S				