

Application Form - Outbound Student Exchange Program

Applicant's Name _____

IU's Registration Number _____

Academic Program _____

Faculty _____

Semester _____

CGPA _____

Passport Number _____

CNIC Number _____

Date of Birth _____

Nationality _____

Gender _____

Email _____

Mobile Number _____

Emergency Contact _____

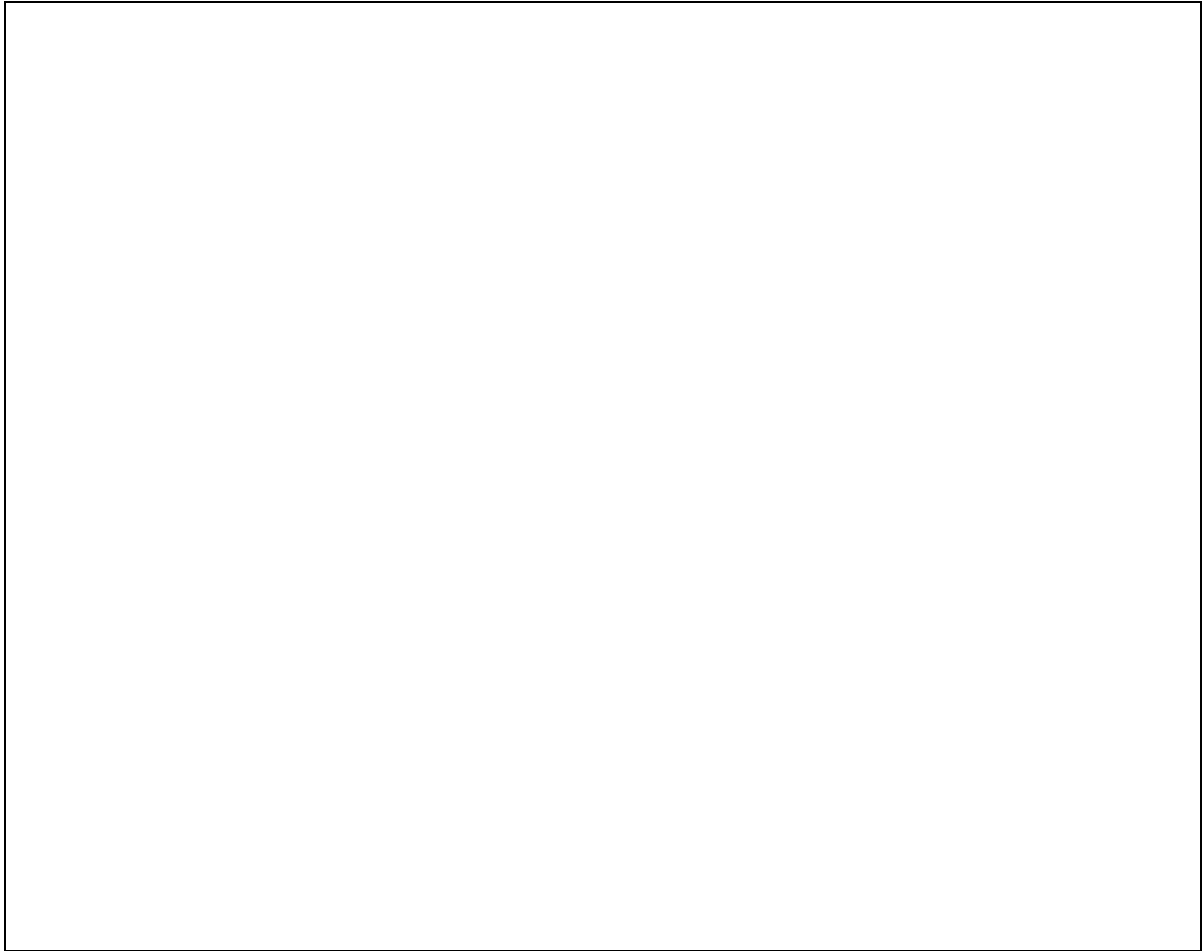
Blood Group _____

Contact Details of Hospital/Doctor in case of medical
emergency _____

Any disability or medical/health restriction?

Academic Achievements

Non-academic Achievements (co-curricular, extra-curricular etc.)

A large, empty rectangular box with a thin black border, intended for the student to write their non-academic achievements. The box is currently blank.

