



INTERNATIONAL RELATIONS OFFICE
INDIAN INSTITUTE OF MANAGEMENT RANCHI

Suchana Bhawan, Audrey House Campus, Meur's Road,
Ranchi 834 008, Jharkhand, India

P: +91-651-228 0039/0083/0113/5056 F: +91-651-228 0940 W: www.iimranchi.ac.in

APPLICATION FOR INCOMING INTERNATIONAL STUDENTS

Academic Year: _____

(Print or type the Form in English)

Term Attending		Date (DD/MM/YYYY)	From		To	
----------------	--	----------------------	------	--	----	--

PERSONAL INFORMATION

Full Name (As it appears in Passport)						
Date of Birth (DD/MM/YYYY)				Gender (Tick v)	Male	Female
Nationality			Marital Status			
Phone (with Country Code)				Mobile No. (with country code)		
Email				Alternate Email		

PASSPORT INFORMATION (attach copy of passport)

No.		Place of Issue				
Date of issue (DD/MM/YYYY)				Date of Expiry (DD/MM/YYYY)		
Name of Father/Legal Guardian						
Name of Mother						
Name of Spouse						

CONTACT INFORMATION IN CASE OF EMERGENCY

Name		Relationship	
Phone (with country code)		Mobile No. (with country code)	
Email		Alternate Email	
Permanent Address	Mailing Address (If different)		

HOME INSTITUTE INFORMATION

Name of the Institute/University			
Mailing Address			
Name of the Contact Person			
Phone (with Country Code)		E-mail	

ACADEMIC BACKGROUND

Name of the Home Institute						
Programme / Course being Attended						
Duration of the Course						
Semesters Completed (Tick \checkmark)	First	Second	Third	Fourth	Fifth	Sixth
Grades Obtained						

PROFICIENCY IN ENGLISH (Tick \checkmark)

ABOUT	Very Good	Adequate	Poor
Reading			
Writing			
Speaking			

ELECTIVE COURSES OPTED AT IIM RANCHI

Sl	Title of the Elective Course*	Area	No. of Credits
1			
2			
3			
4			
5			
6			
7			
8			
9			
10			

The list of courses, in a given term, will be shared with the International Relations Office of the partner institution sometime around **2nd week of July for the term from September to December and 2nd week of October for the term from Mid-December to End February.*

I certify that the information I have provided on this application is complete, accurate and true to the best of my knowledge.

Applicant's Signature

Date:
(DD/MM/YYYY)

TO BE COMPLETED BY THE EXCHANGE COORDINATOR	
<input type="text"/> Student's ID Number in the Institute	<input type="text"/> Name
<input type="text"/> Department	<input type="text"/> E-mail
<input type="text"/> Phone (with country code)	<input type="text"/> Signature of Exchange Coordinator
Date (dd/mm/yyyy): _____	

NOTE: Completed application may be scanned and sent to office.iro@iimranchi.ac.in