**Indian Institute of Technology Kharagpur**

***Application for Admission to Master’s and Doctoral Degree Programs***

***for International Candidates***

APPLICATION FORM

**Instructions for filling this form:**

* Please treat all fields as mandatory. Incomplete application will not be considered. In case any field is not applicable then please put ‘NA’. It should take nearly about 45mins to complete the application.
* Please provide your personal details as per your passport.
* Please attach scan copies of your passport, current official transcripts, past educational degrees. Please note that your application will be processed only after we receive these scanned copies.
* After your application is approved you will be asked to complete your online application with

further details.

* This form is not applicable for the candidates applying for any of the Dual Doctoral Degree Programs.
* Please mail the completed form with all attachments to ir-office@adm.iitkgp.ac.in

**DEADLINES FOR APPLICATION:**

|  |  |  |
| --- | --- | --- |
| **Applications** | **Doctoral Programs** | **Master's Programs** |
| **Targeted enrolment in Autumn Semester (July admission)** | **Targeted enrolment in Spring Semester (January admission)** | **Targeted enrolment in Autumn Semester (July admission)** |
| Early decision applications | 28th February | 15th August | 28th February |
| Late decision applications | 30th April | 30th September | 30th April |

**PERSONAL DETAILS:**

|  |
| --- |
| (Please provide your name, date of birth and gender as per your travel documents.) |
| Name as in Passport |  |
| Date of Birth |  |
| Place of Birth |  |
| Gender |  |
| Nationality |  |
| Main Language/s spoken at home |  |
| Other Languages Known |  |
| Passport Number\* |  |
| Passport Issued date |  |
| Passport expiry date |  |
| Place of Issue, Issuing Country |  |

**\***(Please attach the scan copy of your valid passport)

**CONTACT DETAILS:**

Please provide your current contact email and current contact phone details. The email address will be used to contact you with your username and password once you have been registered so please ensure you provide a valid email address.

|  |  |
| --- | --- |
| Email Address |  |
| Confirm Email Address |  |
| Home Phone |  |
| Mobile Phone |  |

|  |
| --- |
| Please provide your current mailing address: |
| Country |  |
| Address Line 1 |  |
| Address Line 2 |  |
| Address Line 3 |  |
| Suburb/Town |  |
| State |  |
| Postcode |  |
| Contact Person in case of Emergency |  |
| Contact Number in case of Emergency |  |

**INTENDED COURSE OF STUDYAT IIT KHARAGPUR:**

* **PROGRAMME (Please tick one) : Masters \_\_\_\_ Doctoral \_\_\_\_\_**
* **Is this part of a joint degree program with a partner institution? Yes/No**
	+ **If yes, name of partner institution \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ (Please attach your Home Institution’s approval)**

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* [**DEPARTMENT**](http://www.iitkgp.ac.in/department/AE)**/**[**SCHOOL**](http://www.iitkgp.ac.in/department/BS)**/**[**CENTRE**](http://www.iitkgp.ac.in/department/AT): …………………………………………………………………………
* **SPECIALIZATION:………………………………………………………………………………**

 **INTENDED PERIODOF ENROLLMENT AT IIT KHARAGPUR:**

**(Please tick one):**AUTUMN SEMESTER /SPRING SEMESTER**ACADEMIC YEAR:20………..**

**HAVE YOU RECEIVED/ WILL YOU APPLY FOR ANY SCHOLARSHIP AWARD FOR VISITING IIT KHARAGPUR?**

**YES\_\_\_\_\_ NO \_\_\_\_\_\_\_**

If ‘YES’ Please specify: ………………………………………………………………………………………………………………………………………………..………………………………………………………………………………………………………………………………………………………………………………………………………………

If ‘YES’ is this an IITKGP scholarship? Please give details. ……………………………………………………………………………………………………………………………………………………………………………

**IF YOU DO NOT HAVE A SCHOLARSHIP OR IF THE SCHOLARSHIP IS PARTIAL, DO YOU HAVE ANY OTHER FUNDING SOURCE?**

**YES \_\_\_\_\_ NO \_\_\_\_\_\_\_**

If ‘YES’ Please specify: ………………………………………………………………………………………………………………………………………………..………………………………………………………………………………………………………………………………………………………………………………………………………………

**(*NOTE: Eligibility and admission will be decided independent of financial status.)***

**HAVE YOU PREVIOUSLY BEEN TO INDIAN INSTITUTE OF TECHNOLOGY KHARAGPUR?**

**YES \_\_\_\_\_ NO \_\_\_\_\_\_\_**

**If ‘Yes’ please provide the following details:**

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| **Previous Dates Of Arrival at IIT Kharagpur** | **Previous Student ID Issued at IIT Kharagpur** | **Semester Visited** | **Your Past Mentors at IIT Kharagpur** | **Course Work /Project’s Name** | **Date Of Departure From IIT Kharagpur** |
|  |  |  |  |  |  |
|  |  |  |  |  |  |

**HAVE YOU CONTACTED ANY FACULTY MEMBER OR ANY OFFICE OF THE INSTITUTE ABOUT YOURPRESENT INTENDED PROGRAM TO IIT KHARAGPUR?**

**YES \_\_\_\_\_ NO \_\_\_\_\_\_\_**

***If ‘Yes’ please provide the following details:***

|  |  |  |
| --- | --- | --- |
| **Name of the Faculty/ Person Contacted**  | **Name of the respective Department/School/Center/Lab/Office of Int.Relations where contacted** | **Details of Communications (You may provide email references, if any)**  |
|  |  |  |
|  |  |  |

**YOUR CURRENT INSTITUTION/COMPANY AFFILIATION:**

(Please provide the details below :)

|  |  |
| --- | --- |
| **Name of your affiliated Institute/ Company:** |  |
| **Institute’s/Company’s Address:** |  |
| **Does your Institute/ Company have an MOU / agreement with IIT KHARAGPUR?** | ***YES\_\_\_\_\_\_ NO \_\_\_\_\_\_\_\_*** |
| **If Yes, please give details:** |  |

**STATEMENT OF RESEARCH INTEREST:**

Please attach a statement of research interest. (Mandatory for PhD applications. Maximum 2 pages.)

**ACADEMIC QUALIFICATIONS/ EDUCATIONAL DETAILS**:

(Please include any ongoing programme)

|  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- |
| SL NO. | NAME OF THE DEGREE/EXAM | UNIVERSITY/BOARD/COUNCIL | YEAR OF COMPLETION/EXPECTED | GPA (or EQUIVALENT) | MAXIMUM GPA SCALE(or EQUIVALENT) | MAJOR/SPECIALISATION/SUBJECTS | TRANSCRIPTS/GRADE CARD |
| 1. |  |  |  |  |  |  | Attach |
| 2. |  |  |  |  |  |  | Attach |
| 3. |  |  |  |  |  |  | Attach |
| 4. |  |  |  |  |  |  | Attach |
| 5. |  |  |  |  |  |  | Attach |

**PUBLICATIONS/RESEARCH PAPERS/BOOKS: (**YOU MAY ADD MORE ROWS IF REQUIRED)

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| **SL. NO** | **TITLE OF PAPER/BOOK** | **PUBLICATION TYPE** | **PUBLICATION YEAR** | **ADD/REMOVE** |
|  |  |  |  |  |
|  |  |  |  |  |
|  |  |  |  |  |

**WORK EXPERIENCE DETAILS:**  (YOU MAY ADD MORE ROWS IF REQUIRED)

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| **SL. NO** | **Company Name** | **Nature of Job**  | **From** | **To**  | **Supporting Docs** |
| 1. |  |  |  |  | **Attach** |
| 2. |  |  |  |  | **Attach** |
| 3. |  |  |  |  | **Attach** |

**DISABILITY DETAILS:**

Please indicate any disabilities you may have even if you do not require assistance. Further information about available support can be provided on request.

Do you have a disability, impairment or long term medical condition?

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| --- |
|  |

**REFERENCES:(**YOU MAY ADD MORE ROWS IF REQUIRED)

(Names of at least two referees with full contact details are required. We will contact them separately).

|  |  |  |
| --- | --- | --- |
| **Referee’s name (Tick the correct salutation)** | **Email id** | **Contact Details and Number** |
| **Mr./Ms./Prof./Dr.** |  |  |  |
| **Mr./Ms./Prof./Dr.** |  |  |  |
| **Mr./Ms./Prof./Dr.** |  |  |  |
| **Mr./Ms./Prof./Dr.** |  |  |  |