



**COMSATS University Islamabad (CUI)
International Students Affairs (ISA)
International Office, Islamabad, Pakistan**



**APPLICATION FORM FOR SHORT TERM INTERNATIONAL VISITING
SCHOLARS (INBOUND)**

Important Note: Please read the following instructions before filling this application form.

- a) Fill-in the application for in Block letters (Typing preferable) and signed by the applicant.
- b) Applicants may also send scanned copies of application form with required documents on email int.admissions@comsats.edu.pk
- c) No Objection Certificate (NOC) from home University/Institute
- d) Unsigned application will not be acceptable

(Please select one option)

Financial Support	Self Finance	Sponsored	Scholarship
Academic Session	Fall 20 _____	Spring 20 _____	
Part of Program	Postdoctoral	PhD	MS BS

Affix latest photograph
size (45mm* 35mm)

Field of Research / Specialization

Applicant Name	First Name	Last Name												
Father's Name	First Name	Last Name												
Date of Birth	<table border="1"> <tr> <td>d</td><td>d</td><td>m</td><td>m</td><td>y</td><td>y</td> </tr> <tr> <td> </td><td> </td><td> </td><td> </td><td> </td><td> </td> </tr> </table>	d	d	m	m	y	y							Nationality
d	d	m	m	y	y									
Passport No														
Religion <small>(Please Specify)</small>	Gender	Male Female												
Mailing Address														
Email	Skype ID													
Phone / Cell no	+ (country code) (area coded) (Telephone number)													
Home Address														
Phone/ Cell no														

+ (country code) (area coded) (Telephone Number)

Employment Status **Employed** **Un-employed** **Self-employed** **Student**

Employment Record (please use separate sheet if required)				
Name and Address of employer	Position Held	To	From	Job Description
Details of Sponsor / Scholarship (Name , Amount , Duration etc.)				
Host Institution Information				
Department				Program
Semester (if applicable)				Supervisor Name
Name & mailing address				
Duration of stay / program		Expected date of arrival in host country		Expected date of return
Phone		Fax		E-mail
Name of Head of Institution / Department to whom a copy of this application will be sent				
Previous visits of the host institution (give details of applicable)				
List of publications (if applicable) use extra sheet if required				
Name and Signatures of Applicant				Date
Approval of Department Head				
Name & Signatures			Date & Official Stamp	
Home Institution Information				
Name & mailing address				
Name & address of supervisor				

SECTION TO BE COMPLETED BY THE HEAD OF THE APPLICANTS HOME INSTITUTION

Name & Position of the Head of Institution

Statement in support of applicant's visit

Signatures

Date

English Proficiency											
Listening			Writing			Spoken			Reading		
Average	Good	Excellent	Average	Good	Excellent	Average	Good	Excellent	Average	Good	Excellent

UNDERTAKING (Required to be filled and signed by the applicant)

I, Mr./Miss./Ms. _____ Son/Daughter of _____ hereby solemnly declare that the information provided on this form is true and correct to the best of my knowledge. I undertake to adhere to all the rules, regulations, and instruction framed / issued by CUI (Pakistan) from time to time regarding academics, discipline and fees etc.

I further undertake that during my stay at the CUI (Pakistan), I shall not take part in any activity, which may be contrary to the interest of the University and abide by the social/cultural norms of the country.

If, I am found involved in any unlawful activity, or providing incorrect information at any stage during my stay at CUI (Pakistan), the University shall have the right to cancel my admission.

I also undertake that it is my responsibility to pay all admissible tuition fees, and other allied charges regularly by the due dates, failing which I would be liable to pay late fee. I understand that in case of non-payment of fees, CUI (Pakistan) reserves the right to cancel my admission.

I agree to abide by all the rules and regulations of CUI Pakistan.

Signatures of Applicant**Documents to be attached with application form**

- Two recent passport size photographs
- Two copies of application form along with three copies of Student Information Sheet
- Two attested copies of valid passport
- Two attested copies of all academic certificates / degrees
- Two copies of Research Plan/ Proposal (PhD Scholars only)
- NOC (No objection Certificate) / Letter from the respective Government office / Last attended educational University regarding permission to study in Pakistan

Contact Us

COMSATS University Islamabad (CUI)
International Students Affairs (ISA), International Office
Principal Seat - Park Road, Tarlai Kalan
Islamabad, 45550 - Pakistan

Tel: +92 51 9247 000-3, +92 51 111 001 007, +92 51 9049 5195

Email: int.admissions@comsats.edu.pk Skype ID: ciit.int.admissions

Web: <http://www.comsats.edu.pk>

FOREIGN STUDENT'S INFORMATION SHEET

(FOR STUDY IN PAKISTAN)

(To be filled by the student)

Affix latest
photograph

1. Name: Mr./Miss/ Mrs. _____
2. Date of Birth _____ Place of birth _____ Nationality _____
3. Father's name & Occupation _____
4. (a) Mailing Address _____

- (b) Permanent Address (in home country) _____

- (c) Email _____ (d) Tel No. _____ Cell _____
5. (a) Passport No _____ (b) Date & Place of Issue _____
6. (a) Name of Course _____ (b) Institution _____
- (c) How long do you plan to study in Pakistan?

If the student is already in Pakistan then provide the following information:

1. a) Pakistani visa No. & Date of Issue _____ (b) Visa issued by _____
c) Nature of visa (i.e. Visit or Study etc.) _____ (d) Date of expiry of visa _____
2. Residential Address, Phone & Mobile No _____

Signature of the student with date.

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CONFIRMATION OF ADMISSION BY THE UNIVERSITY/ INSTITUTION

Name of University / Institution _____

This is to certify that on basis of his eligibility, Mr. _____ S/o _____

Nationality _____ has been granted admission in the course _____ of _____

Years duration starting from _____ in the department of _____ of

this University / Institution subject to the clearance from all the vetting agencies.

Name of Authorized Officer _____

E-Mail Address _____ Phone Ne. _____

Signature _____

Official Seal _____