

ERASMUS+ Academic Exchange Program
Pt. Ravishankar Shukla University, Raipur 492 010, Chhattisgarh, INDIA

APPLICATION FORMAT (For Faculties)

Deadline of Submission - 25 September 2024

(Submit application to prsu.czu.erasmus@gmail.com)

Name				Affix Passport size Photograph
Middle Name				
Surname				
Gender				
Date of Birth				
Nationality				
Address:	<i>Permanent</i>			
	<i>Correspondence</i>			
Mobile No.				
Email				
Passport No. & Valid thru				
Faculty of Department/ Institute				
Designation				
Education				
	<i>Level</i>	<i>Year</i>	<i>Institution/ University</i>	
	Under Graduation			
	Post-Graduation			
	Others			
Area of Interest				
Research Experience				
Projects handled	<i>Project title</i>	<i>Funding agency</i>	<i>Total cost, Rs.</i>	<i>Duration</i>
Publication Details	<i>Title of the research article</i>	<i>Authors</i>	<i>Year</i>	<i>Journal details</i>
Membership of Professional Bodies				
Editorship				
Foreign Visits				
National/ International Fellowships				
Reason for Participation in the ERASMUS+ program	<i>(In 250 words)</i>			
Forwarding remarks of the HoD				
Signature & Seal of HoD			Signature of the Applicant	



ERASMUS+ Academic Exchange Program
Pt. Ravishankar Shukla University, Raipur 492 010, Chhattisgarh, INDIA

APPLICATION FORMAT (For Students)

Deadline of Submission - 25 September 2024

(Submit application to prsu.czu.erasmus@gmail.com)

Name				Affix Passport size Photograph
Middle Name				
Surname				
Gender				
Date of Birth				
Nationality				
Address:	<i>Permanent</i>			
	<i>Correspondence</i>			
Mobile No.				
Email				
Passport No. & Valid thru				
Enrollment Department				
Education				
<i>Class</i>	<i>Year</i>	<i>Result (%)</i>	<i>Board/Institution</i>	
HSSC				
Under Graduation				
Post-Graduation				
Others				
Area of Interest				
Research Experience				
Dissertation Details	<i>Title</i>	<i>Institution</i>	<i>Year</i>	
Publication Details	<i>Title</i>	<i>Authors</i>	<i>Year</i>	
Reason for Participation in the ERASMUS+ program	<i>(In 250 words)</i>			
Languages Known				
Forwarding remarks of the HoD				
Signature & Seal of HoD	Signature of the Applicant			