

Application Fee & Other Fees  
(refer detailed notification)



Form No: **IS22**

**Office of the Director, International Relations Cell (IRC)**  
**JAWAHARLAL NEHRU ARCHITECTURE & FINE ARTS UNIVERSITY**  
Masab Tank, Hyderabad - 500 028, Telangana (India)

Passport size  
Photo

**Application Form for Registration**  
**for International Students**

Sir,

I hereby apply for registration as an international student and request you to kindly register my name in your University. My particulars are submitted as follows:

1. **Name in full (in capital letters)** : \_\_\_\_\_

2. **Local Address** : \_\_\_\_\_

(With telephone number, if any) \_\_\_\_\_

Home (with telephone number, if any) \_\_\_\_\_

3. **Nationality/Country of Origin** : \_\_\_\_\_

4. **Sex** : Male / Female

5. **Date of Birth-Day/Month/Year** : 

D	D	M	M	Y	Y	Y	Y
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6. **Name of the Degree/ Program applied for:** \_\_\_\_\_

7. **Name of the College / Unit** : \_\_\_\_\_

8. **Passport Number** : \_\_\_\_\_

9. **Student / Research Visa Number** : \_\_\_\_\_

10. **Duration of Visa** : \_\_\_\_\_

11. **Residential Permit Number** : \_\_\_\_\_

12. **Address of Visa Issuing Authority** : \_\_\_\_\_

13. **Person to be contacted in Emergency** :

a. **Relationship** : \_\_\_\_\_

b. **Telephone** : \_\_\_\_\_

c. **Address** : \_\_\_\_\_

## **Declaration and Undertaking**

I hereby declare that I have carefully read the application form for registration and have read instructions/ requirements thereof. I have also read the rules for eligibility and conduct and discipline laid down by the University and I agree to abide them. I understand and declare that I shall be responsible for any discrepancies, errors, wrong or incorrect information supplied by me in this application form and for Cancellation of admission thereof or otherwise found in eligible.

I undertake to pay the prescribed by Jawaharlal Nehru Architecture & Fine Arts University for the entire duration of my course/program.

I undertake to furnish the necessary certificates/documents in original along with a true copy of each of them as and when asked for, failing which I understand that my eligibility and admission stands automatically cancelled and that the University is not responsible for the same.

I here by declare that the information given in this form is true and correct to the best of my knowledge and belief.

Place:

Date:

Signature of the Student

**Note:** Incomplete application will not be accepted.

### **For Office Use Only**

The Applicant is admitted to..... (College)

in .....program during the academic year 2026 –2027. .

Date:

(Office Seal)

Signature of the Director  
International Relations Cell