



Gujarat National Law University

Gandhinagar, Gujarat, India

UNIVERSITY APPLICATION FORM

Name University/College: _____

Full Address: _____

City: _____ State: _____

Zip Code: _____ Country: _____

Telephone: _____ Fax: _____
(With Country Code)

Preferred visit period (Specify month): _____

❖ Nominated Faculty/Staff to accompany Students during Study Trip:

Full Name: _____

Tel: _____ Mobile: _____ Fax: _____

Designation: _____ Department: _____

Email: _____

❖ University/College Co-ordinator for Study Trip:

Full Name: _____

Tel: _____ Mobile: _____ Fax: _____

Designation: _____ Department: _____

Email: _____



Gujarat National Law University

Gandhinagar, Gujarat, India

❖ Name and Contact Details of Students visiting Study Trip:

Full Name	Contact Number	E-mail Id	Academic program currently enrolled in

Dean Academic Affairs Signature

Date

Director Signature

Place