



**COMSATS Institute of Information Technology (CIIT)  
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](mailto: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)**

|   |                      |                        |                    |
|---|----------------------|------------------------|--------------------|
| <b>Financial Support</b>                  | <b>Self Finance</b>  | <b>Sponsored</b>       | <b>Scholarship</b> |
| <b>Academic Session</b>                   | <b>Fall 20</b> _____ | <b>Spring 20</b> _____ |                    |
| <b>Part of Program</b>                    | PhD                  | MS                     | BS                 |
| <b>Field of Research / Specialization</b> |                      |                        |                    |

Affix latest  
photograph  
size (45mm\* 35mm)

|  |   |                  |   |   |   |   |   |  |  |  |  |  |  |                    |
|--|---|------------------|---|---|---|---|---|--|--|--|--|--|--|--------------------|
| <b>Applicant Name</b>                      | <b>First Name</b>   | <b>Last Name</b> |   |   |   |   |   |  |  |  |  |  |  |                    |
| <b>Father's Name</b>                       | <b>First Name</b>   | <b>Last Name</b> |   |   |   |   |   |  |  |  |  |  |  |                    |
| <b>Date of Birth</b>                       | <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 |  |  |  |  |  |  | <b>Nationality</b> |
| d  | d   | m                | m | y | y |   |   |  |  |  |  |  |  |                    |
|  |   |                  |   |   |   |   |   |  |  |  |  |  |  |                    |
| <b>Passport No</b>                         |   |                  |   |   |   |   |   |  |  |  |  |  |  |                    |
| <b>Religion</b><br><i>(Please Specify)</i> | <b>Gender</b>   | Male      Female |   |   |   |   |   |  |  |  |  |  |  |                    |
| <b>Mailing Address</b>                     |   |                  |   |   |   |   |   |  |  |  |  |  |  |                    |
| <b>Email</b>                               | <b>Skype ID</b>   |                  |   |   |   |   |   |  |  |  |  |  |  |                    |
| <b>Phone / Cell no</b>                     | + (country code) (area coded) (Telephone number)  |                  |   |   |   |   |   |  |  |  |  |  |  |                    |
| <b>Home Address</b>                        |   |                  |   |   |   |   |   |  |  |  |  |  |  |                    |
| <b>Phone/ Cell no</b>                      |   |                  |   |   |   |   |   |  |  |  |  |  |  |                    |

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

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

| <b>Employment Record (please use separate sheet if required)</b>                                |                      |   |                                  |                                |
|---|----------------------|---|----------------------------------|--------------------------------|
| <b>Name and Address of employer</b>   | <b>Position Held</b> | <b>To</b>                                       | <b>From</b>                      | <b>Job Description</b>         |
|   |                      |   |                                  |                                |
|   |                      |   |                                  |                                |
|   |                      |   |                                  |                                |
| <b>Host Institution Information</b>   |                      |   |                                  |                                |
| <b>Department</b>   |                      | <b>Program</b>                                  |                                  |                                |
| <b>Semester (if applicable)</b>   |                      | <b>Supervisor Name</b>                          |                                  |                                |
| <b>Name &amp; mailing address</b>   |                      |   |                                  |                                |
| <b>Duration of stay / program</b>   |                      | <b>Expected date of arrival in host country</b> |                                  | <b>Expected date of return</b> |
| <b>Phone</b>  |                      | <b>Fax</b>                                      |                                  | <b>E-mail</b>                  |
| <b>Name of Head of Institution / Department to whom a copy of this application will be sent</b> |                      |   |                                  |                                |
|   |                      |   |                                  |                                |
| <b>Previous visits of the host institution (give details of applicable)</b>                     |                      |   |                                  |                                |
|   |                      |   |                                  |                                |
| <b>List of publications (if applicable)</b>   |                      |   |                                  |                                |
|   |                      |   |                                  |                                |
| <b>Details of Sponsoring Agency / Scholarship, If any</b>                                       |                      |   | <b>Amount per Year</b>           |                                |
|   |                      |   | <b>Duration</b>                  |                                |
| <b>Name and Signatures of Applicant</b>   |                      |   |                                  | <b>Date</b>                    |
| <b>Approval of Department Head</b>  |                      |   |                                  |                                |
| <b>Name &amp; Signatures</b>  |                      |   | <b>Date &amp; Official Stamp</b> |                                |
| <b>Home Institution Information</b>   |                      |   |                                  |                                |
| <b>Name &amp; mailing address</b>   |                      |   |                                  |                                |
| <b>Name &amp; address of supervisor</b>   |                      |   |                                  |                                |
| <b>SECTION TO BE COMPLETED BY THE HEAD OF THE APPLICANTS HOME INSTITUTION</b>                   |                      |   |                                  |                                |
| <b>Name &amp; Position of the Head of Institution</b>   |                      |   |                                  |                                |
| <b>Statement in support of applicant's visit</b>  |                      |   |                                  |                                |
|   |                      |   |                                  |                                |
| <b>Signatures</b>   |                      |   |                                  | <b>Date</b>                    |

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

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I, Mr. / 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 CIIT (Pakistan) from time to time regarding academics, discipline and fees etc.

I further undertake that during my stay at the CIIT (Pakistan), I shall not take part in any activity, which may be contrary to the interest of the Institute 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 CIIT (Pakistan), the Institute 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, CIIT (Pakistan) reserves the right to cancel my admission.

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

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**Signatures of Applicant**

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**FOR OFFICE USE ONLY** (Not to be filled in by the applicant)

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**Application Received**

**Date**

**Checked By**

**Date**

**Comments**

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**Recommended**

**Not Recommended**

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Name & Signatures of HoD

Name & Signatures of Dean

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**Documents to be attached with application form**

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- 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 institute regarding permission to study in Pakistan
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**Contact Us**

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**COMSATS Institute of Information Technology (CIIT)**  
**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](mailto: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 \_\_\_\_\_