**IGSTC Industrial Fellowships**

**Traveller’s Profile Form**

The following details are requested to be furnished by the traveller towards travel facilitations by IGSTC’s Travel Agency.

Category of IGSTC Industrial Fellowships - PDIF  PIEF

IGSTC Industrial Fellowships – Duration approved by IGSTC – *(Duration in months)*

1. **Personal details:**

|  |  |
| --- | --- |
| Title (Ms/Mr/Dr) |  |
| Affiliation *(Name & Address)* |  |
| First Name *(as given in Passport)* |  |
| Middle Name *(as given in Passport)* |  |
| Surname *(as given in Passport)* |  |
| Nationality |  |
| Date of Birth (DD/MM/YYYY) |  |
| Gender |  |
| Residence address |  |
| Residence Tel No |  |
| Official Address |  |
| Office Tel. No |  |
| Mobile No |  |
| Email |  |
| Mailing Address  *(Residential or official address)* |  |

1. **Passport details:**

|  |  |
| --- | --- |
| Passport No |  |
| Issue Date of Passport (DD/MM/YYYY) |  |
| Expiry Date of Passport (DD/MM/YYYY) |  |
| Place of Issue of Passport |  |

1. **German VISA details**

|  |  |
| --- | --- |
| Visa interview appointment date |  |
| Visa Interview at which VFS office location |  |
| ***The below details can be given after obtaining visa*** | |
| **German** Visa No |  |
| Type of **German** Visa | Guest Researcher/Scientist |
| Issue Date for **German** Visa (DD/MM/YYYY) |  |
| Expiry Date for **German** Visa (DD/MM/YYYY) |  |
| Place of Issue for **German** Visa in India |  |

1. **Host Institution in Germany**

|  |  |
| --- | --- |
| Institution Name |  |
| Address |  |

1. **Emergency contact details:**

|  |  |
| --- | --- |
| Name and contact address, telephone of the  emergency contact person in India/Germany |  |
| Relationship with the contact person in India/Germany |  |

1. **Other travel related details:**

|  |  |
| --- | --- |
| Departure airport (India) |  |
| Date of Departure from India |  |
| Arrival date (Germany) |  |
| Arrival City (Germany) |  |
| Departure date from Germany |  |
| Departure airport (Germany) |  |
| Frequent Flyer no (if any) |  |
| Meal Preference |  |
| Seat Preference |  |

**\****The departure and arrival destinations during forward and backward journey should be the same for reimbursement.*

1. **Overseas Travel Insurance:**

|  |  |
| --- | --- |
| Duration of Insurance Period  *(The insurance policy will be issued only for the approved duration of fellowship)* |  |
| Name of the nominee for the issuance of overseas travel insurance policy along with Date of Birth |  |
| Relationship with the nominee to be mentioned in the Insurance policy  *(Nominee can be spouse/parents, siblings are not allowed)* |  |