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S. No. 341, Ne	ext to New English School, (	Govt. Colony, Bandra (East),	Mumbai 400 051.
Tel. #91-22-2657 0986 / 892	Telefax: 91-22-2657 3181	Website: www.hiray.edu.in	E-mail: hirayarch@yahoo.co.in

C. REF.:

DATE:

Policy document

	Policy Title: Student Exchange Program			
1.	Administrative Policy Number (APN): Functional Area:			
	ARC/APN/16		Quality in functioning and	
			governance.	
2.	Brief Description of the Policy:	Purpose: pi	romoting quality in	
		Academics an	d administration.	
		Audience: all	Student enrolled in	
		organization.		
3.	Policy Applies to:	All academic, administrative, and		
		managerial processes in the organization		
4.	Effective from the Date:	30 <sup>th</sup> April 2022		
5.	Approved by:	IQAC Committee and Core Committee		
6.	Responsible Authority	IQAC Coordinator		
7.	Superseding Authority	Principal		
8.	Last Reviewed/ Updated:	New policy		
9.	Reason for the policy	Quality as the sole criterion for updating.		
10.	References for the policy	Council of Architecture/ NAAC		

Student exchange programs are activities of receiving foreign students for short term visit and semester exchange/study abroad at Dr. Baliram Hiray College of Architecture, Mumbai, and sending DBHCOA students for the same at Collaborative Institutes (CIs) within frameworks of MoU/ Agreement executed by the collaborative Institute & DBHCOA.

At present, DBHCOA has ONE form of student exchange which is as follows:

(i) Non-Credit Exchange Program (includes summer schools, internships, short duration courses etc.).



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Details of the Program are as follows:

- 1.1 Exchange under Summer Schools/Short Duration Programs/ Internships
- 1. An application form in which students apply as per the Collaborative Institutes requirement and only participate in summer schools, short-term visits, relation exchanges, internships, and study from 1 week to 6 months without receiving any degree/diploma. Such exchanges are encouraged during the semester breaks.
- 2. Students from Collaborative Institutes can apply for similar exchanges at DBHCOA by applying as per DBHCOA's application format and undergo summer schools/ short duration programs/ internships.

The student and parent of the student need to agree on the Student Exchange Policy and sign an Undertaking Form (ANNEXURE 1).



	DR. BALIRAM HIRAY
	<b>COLLEGE OF ARCHITECTURE</b>
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	C. REF. :
	DATE :
ANNEXURE 1	Policy document
Undowtoking E	for Student Evolung (Study, Abroad (Samagton Evolung a Dragon and

Undertaking Form for Student Exchange/Study Abroad/Semester Exchange Programme

I. wish to earn external credits from which is an/a

Indian/Foreign

University/Institution. I and my parents agree to follow all the rules and regulations set under the exchange process.

We agree to all the guidelines and procedures mentioned below;

- 1. B.Arch. student with consistent academic performance and CGPA > 7 can credit the courses approved by the concerned Board of Studies (BoS) and ratified by Faculty Board (FB) in Dr. Baliram Hiray College of Architecture, Mumbai in other institutions during 3rd/4th year and during any semester breaks.
- 2. Student must provide all details for the course which he is requesting for credit transfer along with the acceptance letter for the scrutiny of the concerned Faculty Head, before proceeding for the course.
- 3. The credit exchange process is subjected to approval by the authorities at DBHCOA and Host Institute applied.
- 4. The credits will be considered only if the student passes all the course at the Host Institute. If in case, the courses are not completed/passed, then the student will not get the credits transferred for that particular course(s).
- 5. The incomplete or failed courses need to be either passed as per the host Institute's requirements or retaken at DBHCOA to complete the credit requirements.
- 6. The student after getting the exchange process done and once the offer is generated must not cancel the offer unless any emergency occurs.
- 7. The student will have to bear all the financial part (stay, travel, transport, etc.) and fees (if applicable).

Student's Name and Signature

Parent's Name and Signature

Date:

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C. REF. : DATE :

Policy document

ANNEXURE 2

STUDENT APPLICATION FORM (INBOUND)

(This form must be filled by the applicant 2-3 months prior to the program)

PART I: To be completed by the applicant.

A. NAME OF PROGRAMME: Semester Exchange / Internship / Short Term

B. APPLICANT / PARTICIPANT PERSONAL DETAILS (COMPULSORY)

Name

Mr./Mrs./Miss

Passport No. and Date of Expiry

Date of Birth

Age

Place of Birth Mobile Number

Gender Male Female

Marital Status

Married Single

Citizenship/

Nationality

E-mail address

**Emergency Contact** 

Person

Contact Number

Home address

State & Country Postcode

C. EDUCATION AT HOME UNIVERSITY (COMPULSORY)

Current Home

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## **DR. BALIRAM HIRAY**

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	C. REF. :	
-	DATE :	
University (nar	me & full address)  Policy document	nt
Phone Number	r Fax Number	
E-mail address	s University website	
Faculty		
Programme of	Study	
Level of Study	Current Semester	
Current result	(CGPI)	
Expected year	of graduation	
Academic awar	rds obtained (please specify name of award, organiser & date received):	
Recent Passpor	ort Sized Photograph	
(Please write y	your name at the back of the photo)	
Qualification		
D. OTHERS (C	CO-CURRICULUM ACTIVITIES)	
Co-curriculum	activities:	
Special skills:	DR DR	R

E. STUDY AT DBHCOA (COMPULSORY)

Year/ semester



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	C. REF. :		
	DATE :		
Does your university have MoU with DB	Policy document Property HCOA?		
Type of mobility program Semester Excl	nange Programme		
Internship Programme (work/research	attachment)		
	,		
Others, please specify			
Period of study (in DBHCoA)			
,			
Start Date	End Date		
Please describe your project (if relevant)			
F. FINANCIAL INFORMATION (COMP	ULSORY)		
How would you intend to finance your p	rogramme?		
Please specify details of sponsorships (S	ponsoring Body/Institution/Association):		
G. LANGUAGE			
H. INTER-OFFICE COMMUNICATION	(COMPULSORY)		
Please include the contact person from texchange/mobility coordinator) who is a	the home university (international officer/student responsible for correspondence.		
Name	ST'S DR. BALL		
(Dr. / Mr. / Miss / Mrs.)	AND WEST OF AND WAR		

Position

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# DR. BALIRAM HIRAY

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Tel. #91-22-	S. No. 341, Next to New E	nglish School, Govt, Colony, Ba	andra (East), Mumbai 400 051. v.hiray.edu.in E-mail : hirayarch@yahoo.co
			C. REF. :
1			DATE :
Office/Department			Policy document
Correspondence address			
Office Number Mobile			
E-mail address			
I hereby declare that the	information provided	l in this form is true.	
Signature:		Date:	
Name:			
Place:			
NOTE: Please submit 4 c passport	urrent-coloured phot	ographs (passport size	e), a copy of your
(Front page only). For cretranscript.	edit transfer program	ı, please enclosed a cop	py of academic
Native Language			
Language	P	roficiency	
T 11 1	D (* )	36.3	*** 1
English: -	Proficient	Moderate	Weak
Hindi: -	Proficient Proficient	Moderate Moderate	Weak
Others (specify): -	Proficient	Moderate	Weak
Self- Home Institution sp	oonsored.		
Sponsor			
•			SUST'S DR. B.
PART II: To be complete	d by DBHCoA.		AN JOSEPH ANCH
			111 OVAV - 111 mail and

APPROVAL BY THE RESEPECTIVE FACULTY:

Comment:



DR. BALIRAM HIRAY	
COLLEGE OF ARCHITECTURI	F
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C. REF. :	
DATE :	
Policy do (For credit transfer program, HoD/Director is requested to comment on the courses apply the students)	cument oplied
Name:	
Signature & Stamp:	
Date:	
APPROVAL BY THE PRINCIPAL:	
(For credit transfer program, Principal is requested to approve the courses applied by students)	the
Comment:	
Name:	
Signature & Stamp:	
Date:	
REMARKS BY THE INTERNATIONAL COLLABORATIONS' FACULTY:	
Comment:	
Name:	
Signature & Stamp:	

Prof. (Ar.) Sunil Magdum Principal

Date:

Dr. Baliram Hiray College of Architecture

STY BALLAN HIRAY & BHCA & BHCA

Managing Trustee

Dr. Baliram Hiray College of Architecture