## **PR Study Abroad**

## **Cost Calculation Form**

Personal Information	
Full Name:	
Email:	Phone:
Preferred Country of Study:	
Tuition Fee Details	
University/College Name:	
	Duration:
Tuition Fee per Year (INR/USD):	
Estimated Living Expenses (pe	er year)
Accommodation:	Food:
Travel/Transport:	Utilities:
Other (please specify):	
Additional Costs	
Visa Fees:	Health Insurance:
Flight Tickets:	Miscellaneous:
Funding & Scholarships	
Source of Funding: Self	f 🔲 Parents 🔲 Scholarship 🔲 Loan
Scholarship Amount (if any):	
Summary of Total Costs (per ye	ear)
Tuition Fee:	
Living Expenses:	
Additional Costs:	
TOTAL Estimated Cost:	
Declaration	
I confirm that the above informat	tion is true and accurate to the best of my knowledge.
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Signature:	Date: