

Visitor Questionnaire

*Please send the filled out questionnaire below at icd@kai.ru and/or rtgabitova@kai.ru no later than **15 days before your planned visit to KNRTU-KAI!***

Part I. The purpose of the visit to KNRTU-KAI

1.	How did you find out about KNRTU-KAI?	<input type="checkbox"/> Through a professor or a colleague <ul style="list-style-type: none"> <input type="radio"/> From Russia (please specify _____) <input type="radio"/> From your home country (please specify _____) <input type="checkbox"/> Mass media <input type="checkbox"/> A company (please specify _____) <input type="checkbox"/> Elsewhere (please specify _____)
2.	Please, indicate if you visited KNRTU-KAI previously?	<input type="checkbox"/> When? <input type="checkbox"/> Which institute/department? <input type="checkbox"/> The purpose of the visit?
3.	What is the main purpose of your visit to KNRTU-KAI?	<input type="checkbox"/> academic, <input type="checkbox"/> scientific, <input type="checkbox"/> research <input type="checkbox"/> administrative, <input type="checkbox"/> other (please specify _____)
4.	Please write a list of the most important questions that you'd like to discuss during your visit and/or your cooperation proposal (max. 3-5 sentences)	
5.	Do you have any preliminary arrangements with a KNRTU-KAI professor, department or other to host you here? Please, specify which one.	
6.	Please, name the contact person(s) at KNRTU-KAI that you have had direct contact with and/or the preliminary agreements?	
7.	Duration of your visit to KNRTU-KAI. If known, please give the exact dates of the visit	

Part II. Information about delegation

1.	Head of your delegation	
	<i>Title (Dr., Prof., etc)</i>	
	<i>First name</i>	
	<i>Family name</i>	
	<i>DOB</i>	

**Kazan National Research Technical University
named after A.N.Tupolev-KAI
KNRTU-KAI**



	<i>Citizenship</i>	
	<i>Organization</i>	
	<i>Positon</i>	
	<i>E-Mail</i>	
	<i>Phone</i>	
2.	Members of the delegation	
1)	<i>Title (Dr., Prof., etc)</i>	
	<i>First name</i>	
	<i>Family name</i>	
	<i>DOB</i>	
	<i>Citizenship</i>	
	<i>Organization</i>	
	<i>Positon</i>	
	<i>E-Mail</i>	
	<i>Phone</i>	
2)	<i>Title (Dr., Prof., etc)</i>	
	<i>First name</i>	
	<i>Family name</i>	
	<i>DOB</i>	
	<i>Citizenship</i>	
	<i>Organization</i>	
	<i>Positon</i>	
	<i>E-Mail</i>	
	<i>Phone</i>	
3)	<i>Title (Dr., Prof., etc)</i>	
	<i>First name</i>	
	<i>Family name</i>	
	<i>DOB</i>	
	<i>Citizenship</i>	
	<i>Organization</i>	
	<i>Positon</i>	
	<i>E-Mail</i>	
	<i>Phone</i>	
4)	<i>Title (Dr., Prof., etc)</i>	
	<i>First name</i>	

	<i>Family name</i>	
	<i>DOB</i>	
	<i>Citizenship</i>	
	<i>Organization</i>	
	<i>Position</i>	
	<i>E-Mail</i>	
	<i>Phone</i>	
3.	Current Visa Status for visiting Russia. Do you need visa(s) or invitation(s)?	
4.	Do you (members of the delegation) speak the Russian language?	<input type="checkbox"/> Yes, I (we) speak good Russian <input type="checkbox"/> Yes, a little. <input type="checkbox"/> No, I (we) do not
5.	Do you (members of the delegation) speak the English language?	<input type="checkbox"/> Yes, I (we) speak good English <input type="checkbox"/> Yes, a little. <input type="checkbox"/> No, I (we) do not

Part III. Travel details & other requirements

1.	Please write the date, time and No. of your flight (train) of arrival in Kazan and departure from Kazan	
2.	Do you need help booking a hotel during your stay in Kazan?	
3.	Do you need a transfer from/to airport/train station?	
4.	Do you need any other requests?	

Part IV. Scans of related documents

Please, attach to this Visitor Questionnaire the following documentation

- 1 Scans of all delegation members passports
- 2 Scans of all delegation members visas
- 3 CV of each delegation member
- 4 Scans of related Cooperation agreements, MoU, etc.
- 5 Brief information about the organization that you represent

I hereby agree to the collection, storage and processing of my personal data

Name:

Signature:

Date:

Name:

Signature:

Date:

Name:

Signature:

Date:

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The administrator hereby declares that it will collect personal data to the extent necessary to the fulfilment of the stipulated purpose and process it only in accordance with the purpose for which it was collected. Any persons accredited by the administrator with the processing of personal data are obliged to observe the confidentiality of such personal data both before and after the termination of their employment or work.