**APPLICATION NO:** Click or tap here to enter text.

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| **SECTION C:** | **FOR COMPLETION BY PARENTS OR GUARDIAN** |

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| --- | --- |
| Full Name (Father): Click or tap here to enter text. | Nationality: Click or tap here to enter text. |
| Full Name (Mother): Click or tap here to enter text. | Nationality: Click or tap here to enter text. |
| Permanent Address: Click or tap here to enter text. | City: Click or tap here to enter text. |
| PIN: Click or tap here to enter text. | State/Country: Click or tap here to enter text. |
| Telephone: Click or tap here to enter text. | STD Code: Click or tap here to enter text. |
| Current Address: Click or tap here to enter text. |  |
| Fathers Occupation: Click or tap here to enter text. |
| Name of Company & Designation: Click or tap here to enter text. |
| Mothers Occupation: Click or tap here to enter text. |
| Name of Company & Designation: Click or tap here to enter text. |
| Work Tel of Father: Click or tap here to enter text. | Work Tel of Mother: Click or tap here to enter text. |
| Email of Father: Click or tap here to enter text. | Email of Mother: Click or tap here to enter text. |
| Annual Fees Paid at Current School: Click or tap here to enter text. |

Is there anything of special note about the applicant that you would like to bring to the attention of the Selection Committee? Please do not discuss financial issues or repeat any information already provided by the applicant.

Click or tap here to enter text.

Financial Support: UWCs offer different levels of scholarship support, if any, on the basis of need.

Please declare your financial support requirement by choosing any ONE of the boxes below.

In the interest of socio-economic diversity, we will be selecting a certain number of students from each of the categories given below.

My child/ward can accept a place if he/she receives:

Choose an item.

**You will be required to provide documentation to support the need declared above to be eligible for it.**

**Declaration:**

I have read the application prepared by my son/daughter and it has my full approval.

I agree to submit a means-testing form if my ward is short-listed for an interview and wishes to be considered for scholarship. I understand that scholarship assistance will be determined by the National Committee based on their assessment.

Should the applicant be short-listed for interviews held on campus, I hereby undertake for myself and for him/her to observe the rules and regulations of the College.

While my ward is in residence on campus for interviews, I authorize the College to act as a guardian in my place for any decisions involving his/her personal care and welfare.

Relation to the Applicant: Click or tap here to enter text.

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| --- | --- |
| Date: Click or tap to enter a date. | Name of Parent/Guardian: Click or tap here to enter text. |