

SECTION C

i) Parents / Guardian Details

Name(s): _____

Relationship: _____

Address: P. O Box _____ Code: _____ Town: _____

Mobile no. _____

ii) Name of Sponsor : _____

Address: P. O Box _____ Code: _____ Town: _____

Mobile no. _____

SECTION D

Do you have any special needs (YES / NO)

Specify: Visual / Hearing / Physical / Others

SECTION E-Applicant's Declaration

I declare that the information given herein is true and accurate to the best of my knowledge and fully understand that any information found to be false would lead to automatic disqualification.

Name of applicant in full: _____

Signature: _____

Date: _____

SECTION F: Evaluation of Applicant (for official use only)

Application Form Received By: _____ Registrar Comments : _____

Date and Stamp _____

