



K.S.P. CHARITABLE TRUST (R)

"As our forebears did for us, so have we done for our children and given them the gift of education and health"

Date :

APPENDIX - 3: IMPORTANT CONTACT INFORMATION - DO NOT LEAVE ANY BOXES EMPTY. YOUR APPLICATION WILL BE AUTOMATICALLY DEEMED INCOMPLETE AND REJECTED IF THIS INFORMATION IS INCOMPLETE.

PLEASE WRITE IN CAPITAL LETTERS. ADD ADDITIONAL SHEET IF NEEDED.

The need to communicate and be in touch with you will be many during the ensuing days, months and hopefully for many years to come. Please provide detailed contact information for yourself, your parents / guardian and three references. The referees are persons who know you and your family well. They must be in a position to confirm and vouch for the information you have provided us. One of the referees may be your relative such as an uncle, aunt, sister or cousin who lives separately from you, and is gainfully employed. At least two of the referees may not be your blood relatives or immediate family members. They can be prominent, respected and responsible persons of your community in which you live or your native place.

Please do not include your classmates, schoolmates, playmates or cousins of your age as referees.

ITEM	CANDIDATE	PARENT /GUARDIAN	REFEREE 1	REFEREE 2	REFEREE 3
Full Name (Expand Initials)					
Exact Occupation And Work Address					
Pin - Code					
How is the Referee Related to You?					
Work Telephone					
Complete <i>Current</i> Postal (mailing) Address					
Pin - Code					
Complete Permanent Postal (mailing) Address					
Pin - Code					
Home Telephone City code					
Mobile Telephone City code					
E-mail Address					