



MRS. HELENA KAUSHIK WOMEN'S COLLEGE INTERNATIONAL STUDENT APPLICATION PART II – FINANCIAL INFORMATION

APPLICANT INFORMATION

Fill out below information as completely as possible. Please print. When filling out phone numbers, include country and dialing codes.

First Name:	Last (Family) Name		
Citizenship:	Country of birth:	Date of birth:	

SOURCE(S) OF FUNDING

Please circle appropriate answer(s):

Personal/ Family	Community/ Foundation	Business/ Corporate	Government	Other
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Explain details of source(s):

BANK DETAILS

Bank Name:		
Address:		
City:	State:	Postal Code:
Country:	Phone:	
Name on Account:	Account Number:	
Routing Number:	SWIFT Number:	

INSURANCE

Company Name:		
Address:		
City:	State:	Postal Code:
Country:	Phone:	
Name of Policy Holder:	Policy Number:	
Coverage in \$:	Effective Dates:	
Information on Additional Insurance (include information for all that apply):		
Accident Insurance:		
Health Insurance:		
Liability Insurance:		
Life insurance:		