## OʻZBEKISTON RESPUBLIKASI VAZIRLAR MAHKAMASI HUZURIDAGI PREZIDENT, IJOD VA IXTISOSLASHTIRILGAN MAKTABLARNI RIVOJLANTIRISH AGENTLIGI



## AGENCY FOR THE DEVELOPMENT OF PRESIDENTIAL, CREATIVE AND SPECIALIZED SCHOOLS UNDER THE CABINET OF MINISTERS OF THE REPUBLIC OF UZBEKISTAN

## **FAMILY INFORMATION FORM**

Complete ALL names in English, include ALL family members even if they are not accompanying you. ( If additional space is required, print and attach an additional form.

## TYPE OR PRINT IN BLACK INK

Full Name	Relationship	Date of birth (DD-MM-YYYY)	Will accompany you to Uzbekistan? YES NO
	APPLICANT		
	SPOUSE OR COMMON-LAW PARTNER		
	CHILD		
	CHILD		
	CHILD		

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	CHILD				
Note: If you do not have any children or a spouse, please write NA ( not applicable) under th column «Name».					
I certify that the informaiton contained in this document is complete, accurate and factual.					
Signature:	Date	e: (DD-MM-YYYY)			

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