

WINStep Forward
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DECLARATION & CERTIFICATION OF ACCURACY

To Whom It May Concern:

With regard to my application I herewith understand that in order to avail the internship on selection, I must be prepared to present the relevant international travel health insurance. Furthermore, I declare that I will be in possession of adequate international travel health insurance valid for the complete duration of my internship in India.

I certify that to the best of my knowledge all information contained in this application is accurate. I understand that any falsification will render me ineligible for participation and, if found after participation has begun, may require me to reimburse any funds received.

Date: _____ Name of Sponsoring Authority: _____

Place: _____ Signature of Sponsoring Authority: _____