VERIFICATION FORM

This Section should be filled by the student who passed the Ramaanya Talent Scholarship Examination.

1	Date of Filling Verification form	
2	RTSE Application No. of the Student	
3	Name of the Student	
4	Father's Name of the Student	
5	Name of the School/ Institution (At the time of Filling RTSE Application Form)	

_____
Signature of the Student

DECLARATION

Below Section should be filled by Principal / HM.

I,(Name of the Principal/HM.)_____, Contact No.: _____The _____(Designation) of _____(School Name) Declare that _____(Student Name) is /was student in my school studying in class _____ at the time of filling RTSE Application form.

I do hereby declare that the information provided herein above in the Certificate/document appended herewith is true and correct to the best of my knowledge and belief and nothing has been falsely stated or concealed ––– therein. I understand that if the said information as given by me is proved to be false, then I will have to face punishment as per any provision of the applicable Law for the time being in force as well as the benefit availed of by me or the benefit accrued to me shall be summarily cancelled.

Date:

_____
Signature of the Principal
With Authorized Stamp

NOTE

SEND THIS FILLUP FORM BEFORE 10TH JANAURY ,2023 ON WHATSAPP NO. – 8404854423 & E-MAIL :- ramaanya.foundation@gmail.com