



INDIAN INSTITUTE OF TECHNOLOGY, KANPUR SARVODAYA TRUST, KANPUR NATIONAL TALENT EXCELLENCE SCHOLARSHIP EXAMINATION

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Signature of Candidate: _____ Date: _____
Name of Candidate: _____
Address: _____
City: _____ State: _____ Pin Code: _____

Signature of Parent/Guardian: _____ Date: _____
Name of Parent/Guardian: _____
Address: _____
City: _____ State: _____ Pin Code: _____

Signature of School/Institution: _____ Date: _____
Name of School/Institution: _____
Address: _____
City: _____ State: _____ Pin Code: _____

Signature of Head of School/Institution: _____ Date: _____
Name of Head of School/Institution: _____
Address: _____
City: _____ State: _____ Pin Code: _____

Signature of Teacher: _____ Date: _____
Name of Teacher: _____
Address: _____
City: _____ State: _____ Pin Code: _____

Signature of Principal: _____ Date: _____
Name of Principal: _____
Address: _____
City: _____ State: _____ Pin Code: _____

Signature of Head of Institution: _____ Date: _____
Name of Head of Institution: _____
Address: _____
City: _____ State: _____ Pin Code: _____