## READERS SCHOLARSHIP APPLICATION FORM

Candidate Name

Place:

Date :

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Father Name	:				
College Name	:	•			
Studying Class	:				
Place :		i i			
Date :				Candidate S	Signature
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				F.	
Reader's Name	:				,
Father Name	1				
Educational Qualifica	tion:				
Mobile Number	:				
Reader's Address	: •			17	e
				Y	

Reader's Signature