



## STUDENT SCHOLARSHIP



Your photo

INSTITUTE:

ADDRESS OF THE INSTITUTE:

SURNAME:

FIRST NAME(S):

ADDRESS:

AGE:

GENDER:

TITLE OF RESEARCH:

PLACE OF RESEARCH:

**NAME OF MEMBER SOCIETY:**

I hereby certify that the research to be presented was carried out in our department.

Signature of the Head of the Department.....

I accept all mentioned terms and conditions.

Signature of the candidate.....DATE:.....