



GEETASRYA SEVA SANSTHAN

Bhiyamau, Majhgawan District Satna Madhya Pradesh 485331

Reg. No.: MP/ 2022/ 0311204

PAN No.: AAHAG8739L

VERIFICATION FORM

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

1	Date of Filling Verification form	
2	STSE 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 STSE Application Form)	

Signature of the Student

DECLARATION

(To be filled by the Principal / Headmaster)

I, (Name of the Principal/Headmaster) _____, Contact No.:

_____ the _____ (Designation) of

_____ (School Name),

hereby declare that (Student Name) is/was a student of my school, studying in Class _____ at the time of filling the Shikshadan Talent Scholarship Examination application form.

I do hereby confirm that the information provided in this certificate/document is true and correct to the best of my knowledge and belief, and nothing has been misrepresented or concealed. I understand that if any information given by me is found to be false, I shall be liable for legal action as per the applicable laws. Additionally, any benefit availed due to this declaration shall be summarily revoked.

Signature & Seal of the Principal/Headmaster

Date: _____

Place: _____

Date:

Signature of the Principal With Authorized Stamp