

CHAITANYA CHIRUNAVVU FREE SHIP –APPLICATION FORM

NAME OF THE CANDIDATE: *Kanda chaitanya Deepthi*

GENDER: *Female*

ADMISSION NUMBER: *326*

MOBILE NUMER: *7036142802*

GUARDIAN/PARENT NAME: *k. Jayananda rao*

CATEGORY: *OC*

Deepthi
STUDENT'S SIGNATURE

inhuva
SIGNATURE OF THE PRINCIPAL
PRINCIPAL
KIMS DENTAL COLLEGE
& HOSPITAL
AMALAPURAM-E.G.DL, A.P

FOR OFFICE USE ONLY

It is to certify that all the above particulars are scrutinized and the applicant did not avail the similar benefit from any government department

Recommended for the sanction of the benefits.

Date:

Signature of the accountant & office seal:

AM
