		New	_	acational Help onal & Job oriente		Form		
 Name of the Applicant: Date of Birth: 1989-06-06 Father's / Mother's / Guardian 				LUSY Age :	 36 sex	FEMALE.	Photo	
3. Father's / Mother's / Guardian's Name : KUMAR 4. Applicant's Address : 8-454B, TEST						····tn	age not fou	nd
5.	Previ	ous Educati		n & Marks (Attacl	n mark sheets cop	pies)		
	Course		Year of Pass	Marks obtained	Percentage	Rem	arks]
S.S.L.C		2010	450	75	GOO	D	_	
+2/ PUC / PDC		2012	900	75	G00		-	
Degree or any other			2015	80	80	G00	D]
 Name of the Course you Study:BACHELOR.OF. SCIENCE								
Sl.No Name Relationship Occupation Attachme							nts not avail	able
	RANI			MOTHER	HOUSE WIFE			
ARUN			BROTHER	NO		STUDING		
12. Name of the New hope member who recommends you:								
Bonafide Certifi Copy of Marks s Certificate of Ph			onafide Certificopy of Marks shertificate of Phyecommendatio	noto: cate: neets:ysically Challenge n letter of a New I Aadhaar / Ration	d if applicable:		namendalista. benedict of install philosophic and administrative alternative and administrative administrative and administrative administrative and administrative administrat	
Declaration I, hereby declare that the above information is true to the best of my knowledge.							CERTIFICATE	
Place:KARUMAVI Date:2025-06-20						Your'	Your's Faithfully	
			1	For Official use o	nly			
Rej	jected :	:	Grante	ed Rs :	(In words)	
Director		Secretary		Treasurer				
Remarks if any:								