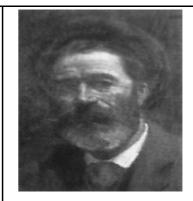


STUDENT SCHOLARSHIP



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SURNAME:	FIRST NAME (S):
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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 candidateDATE:DATE:	