## APPLICATION FORM STATE LEVEL NATIONAL TALENT SEARCH EXAMINATION, 2017

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Res par	Name & address of the Agency : conducting the First Level NTS Examination	: Sunday, the 5th November, 2017 : Science Unit, Directorate of Education (Schools) Government of Manipur								Passport size photograph duly attested by the				
1	Name of the State : I (where the candidate is studying in class X as a regular student)	Manipur					i		Н	cad of	the In	stituti	on	
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7.	Category of candidate			bility Sta				0,20						
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9.	Postal address for correspondence (Do not	write fath	er's or yo	ur name	)									
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11.	Type of the institution in which studying at	Class V	lovol /see	dofinitio	n overl	006*1	riii 600i	<b>"</b>		<u> </u>			J	
11.	Govt. 2 Local Bo			☐ Privat				l Priv	ate	Unaide	he			
12.	Area in which the school is located	Rural	읃	Urban		4	4	3	1016	Uligiui	JU			
13.	Medium of examination at the State level a)		— (h)atthe	ليبي		1 3	□ 14.	Fath	ar's	educa	tion	_		
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15.	Father's occupation	_	ther's edu	cation [	<b>-</b> 1	•	17. Moth	er's	occu	nation				
18.	No. of family members living in the house			_						,	ш			
19.	Number of brothers	20.	. Number	of sister	<b>5</b>	$\neg$								
21.	At what number is the candidate among his	her brotl	her and si	sters [	Т									
22.	Parental annual income					•							•	
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23.	Telephone STD Code		•	Phor				-,-	• -			•••		
								•						
24.	E-mail address													

### To be filled in by the Head of the Institution

Signature of the Candidate   Signature of the District Liaison Officer   Counter-signature of the Institution and help		Certifie	ed that:						
Class X. HelShe has secured		(1)	Master/Miss		******	*********************	is a regular student of	this Institution	on and he/
(2) The particulars given by himfaer in the Application Form have been verified and found in order.  (3) Master Miss.  Belongs to Scheduled CasterScheduled TriberDisability category as per the records maintained in the Institution. (to be filled for SCIST candidates only). (Please enclase SCIST Disability category as per the records maintained in the Institution. (to be filled for SCIST candidates only). (Please enclase SCIST Disability category as per the records maintained in the Institution. (with seal)    Signature of the Candidate)									
Type of Schoolinstitution. Signature of the District Lisison Officer (voith seal)    Country   C			Class X. He/She has secured	ma	rks o	out of	(Please enclose a photocopy o	f Progress Re	port)
Country   Signature of the Candidate)   Signature of the District Lision Officer   Counter-signature of the Institution   with seal			(candidate must fulfill the criteria a	announced by th	e Sta	ite/UT).			
Date   Signature of the Candidate)   Signature of the District Liaison Officer   Counter-signature of the Institution   With seal	_	(2)					d found in order.		
Date  Signature of the Head of the Institution. It to be filled for SC/ST candidates only). (Please enclose SC/ST Disability certificate)  Signature of the Head of the Institution with seal  Signature of the Candidate)  Signature of the District Liaison Officer (Counter-signature of the Zonal Education Officer (with seal)  CODING PLAN  Read Instructions carefully before filling up the Application Form  1. Use of y Blue or Black Ball pen and WRITE IR CAPITAL LETTERS. Do not mark or write outside the bases. 2. Laws one but blank between two words. Undry our name and or address within the space provided for it. Please are Example as given below.  2. Laws one but blank between two words. Undry our name and or address within the space provided for it. Please are Example as given below.  3. Chross (XI and you not of the apportation by an internal, 13, 14, 15 and 16 as given overless.)  4. Please write code number in item rea. 13, 14, 15 and 16 as given overless.  5. It is the responsibility of the candidate and the Pracingle of the action of special the filled in form with the District Liaison efficer before the less date is tribution.  6. Example For WRITING NAME AND ADDRESS:  Father's Name  C K U M A R S I N G H  Education of Father / Mother (Refer to item No. 12 & 14)  Education of Father / Mother (Refer to item No. 12 & 14)  Education of Father / Mother (Refer to item No. 12 & 14)  Education of Father / Mother (Refer to item No. 12 & 14)  Goodbrill of the Condidation of Secondary of Seconda	~-							bility category	as per the
Signature of the Candidate  Signature of the District Lision Officer (with seal)		Ψ,							
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Signature of the Candidate)   Signature of the District Lision Officer   Counter-signature of the Zonal		Date				******			
Signature of the Candidate  Signature of the District Liaison Officer (with seal)			,				Signature of the Head of t	he Institution	
Signature of the Candidate  Signature of the District Liaison Officer (with seal)							with seal		
Signature of the Candidate  Signature of the District Liaison Officer (with seal)   Counter-signature of the Zonal Education Officer (with seal)									
CODING PLAN  Read Instructions carefully before filling up the Application Form  1. Liberty Blue or Black Ball per and WRITE IR CAPITAL LETTERS. Do not mark or write outside the boxes. 2. Larve one box blank between two words. Limit your name and or address within the space provided for it. Please see Example as given below.  Cross (X) only one of the aportprists but in item nos. 13, 14, 15 and 16 as given overleaf.  5. It is the responsibility of the candidate and the Principal of the school to deposit the filled in form with the District Lisison efficar before the last date in institution.  6. Incomplete or defective Application Form are liable to be rejected.  EXAMPLE FOR WRITING NAME AND ADDRESS:  Father's Name  LKUMAR SINGH  CREATER AND ADDRESS:  Father's Name  LKUMAR SINGH  Father's Name  LKUMAR SINGH  Father's Mather (Refer to item Nos. 12 & 14)  Cade  Up to Primary  1 Upper Primary  2 Secondary  3 Semior Secondary  4 Graduation  6 Doctoral  Professional, Technical and Related Worker  Professional Related Worker  Professional Related Worker  4 Administrative, Executive and Managerial Worker  4 Doctoral Related Worker  5 Professional Related Worker  4 Administrative, Executive and Managerial Worker  5 Professional Related Worker  4 Administrative, Executive and Managerial Worker  5 Professional Related Worker  6 Doctoral Related Worker  7 Professional Related Worker  9 Professional Related Worker  1 Advanced Body institution (Refer to Item No. 10)  Gevernment  1 A Low Body Shools into which is run by the State Government or Central Government or Public Sector Undertaking or an Autonamoun Organization completely financed to the Government.  1 Local Body  Private Alded Schools into which is run by Parchayer Rel and local body institutions such as Zie Parishad, Municipal comporation, Municipal Committee, Notified Area Committee and Scatterment Board.		600200000	***************************************	***********				***************	***********
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Father's Name  L K U M A R S I N G H  POSTAL ADDRESS: Do not try to write complete address in one line. Break it appropriately as shown below.  K H U M A N T H E M L E I K A I U R I P O K  I M P H A L  Education of Father / Mother (Refer to item Nos. 12 & 14)  Educetion  Code Up to Primary 1 Upper Primary 2 Secondary 3 Senior Secondary 4 Graduation 5 Post graduation 6 Grostoria Any other  Privessional degree (Engineering 8 Medicine, MCA, MBA, etc.) Any other  Privest Alded  Type of School/institution (Refer to Item No. 10)  Type of School/institution (Refer to Item No. 10)  Type of School/institution (Refer to Item No. 10)  A Local Body  A Local Body School is that which is run by the State Government or Central Government or Public Sector Under taking or an Autonomous Organization completely financed by the Government  A Private Alded  A Priva			*						
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# STATE LEVEL NATIONAL TALENT SEARCH EXAMINATION, 2017

(For the Students Studying in Class X )

Name of the State: MANIPUR (which will conduct the examination)

at the Examination Centre

### ADMISSION CARD

Passport size photograph duly attested by the Head of the Institution to be affixed.

Date of birth		***************************************						
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to permitted to appear								
Full Postal Address of o	andidate :							
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She/He is allotted 12 digits Roll Numbers :								
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	Sunday, the 5th November, 20	First Session	: 10.30 a.m. to 12 Noon	(MAT)+(LCT)				
Date of Evamination		Second Session	: 12.30 p.m. to 2,00 p.m.	(SAT)				
Venue of Examination (			•	•				
		Sin	nature of the Head of I	netitution				
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<b>«Scrutinized by</b>		Siai	nature of the District Li	aison Office				
(Office Staff)	Office Seal	(Authorized for State Level NTS, STS & NMMS Exam with seal)						
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		Signature						
		Candidate	in the					

### INSTRUCTIONS TO THE CANDIDATE

- Candidate can collect the Admit Card from the District Liaison Officer concerned at least one
  week before the examination.
- 2. Reach the Examination Centre at least half an hour before the commencement of the examination; and occupy the seat that bears your Roll Number.
- 3. DO NOT take calculator, mathematical & physical table or any other kind of ready reckoner to the examination hall.
- 4. The examination will be conducted in two sessions on the same day.
- 5. You have to take the examination in TWO PARTS:
  - (i) Part-I: Part-I (A) is confined to Mental Ability (MAT) consisting of 50 compulsory questions.

    Part-I (B) is confined to Language Comprehensive Test (LCT) consisting of 50 compulsory questions.
  - (ii) Part-II: Part-II is confined to Scholastic Aptitude Test (SAT) consisting of 100 compulsory questions, 40 from Science, 40 from Social Studies 20 from Mathematics.
- 6. Time for Part-I and Part-II is 90 minutes each.
- 7. Each question carries 1 (One) mark.
- 8. Write your Roll Number, as given in the Admit Card, on the Answer Sheet and on the cover page of the Question Booklet in the space provided.
- 9. DO NOT write your name in any part of the Question Booklet or Answer Sheet.
- 10. All questions in the booklet are objective type. For each question FOUR possible answers are given, but only one is correct. Your task is to find out the correct answer and mark your choice in the Answer sheet.
  - 11. Record your answer using PEN (Blue or Black ink) only.
  - 12. During the Examination follow the instructions of the Invigilator strictly.
  - 13. Hand over your Question booklet and Answer sheet to the invigilator before leaving the Examination Hall.

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