APPLICATION FORM FOR REGISTRATION

NATIONAL TALENT SCHOLARSHIP AWARD EXAMINATION: 2015-16



ORGANISEDBY:AMIOI(DR.AMBEDKARMISSIONOFINDIA),INDIA WORKING AREA : ALL OVER INDIA

For Std. 3rd to 10+2 (CBSE/ICSE/ALL STATES BOARD OF STATES OF INDIA), BASED SYLLABUS

REGISTERED UNDER INDIAN S. R. A (XXI) OF 1860 (REGD. NO. 422/3) & FCRA, NEW DELHI

APPLICATION FORM FOR REGISTRATION WRITE CAPITAL LETTERS ONLY & (✓) or (×) where required Affix Recent Application to be filled by the Student or his/her Parents/Guardian Passport size Photograph To, THE SECRETARY. AMIOI (DR. AMBEDKAR MISSION OF INDIA), INDIA 1. ADVERTISEMENT NO. AMIOI/NTSAE/2015-16/02/07/15/36 2. STUDENT'S NAME 3. FATHER'S NAME FATHER'S OCCUPATION: 4. 5. MOTHER'S NAME APPLICANT'S CLASS 7. CODE 8. GROUP (A,B,C,D) 6. (Std.-3,4,5-A, Std.-6,7,8-B, Std.-9,10-C, Std.-11 (PCM/PCB)& Std.-12 (PCM/PCB)-D (3 to 10 & 11 (PCM/PCB) 12 (PCM/PCB) YEAR 9. DATE OF BIRTH DATE MONTH 10 **CATEGORY NAME** 11. CATEGORY CODE (GEN-1, OBC-2, BC-3, SC-4, ST-5, MINORITY-6, PH-7) **ENGLISH** HINDI MEDIUM OF EXAM. 12. STATE/TERRITORY 13. 14. STATE CODE (Office Use Only) **DISTRICT NAME** 15. 16. DISTRICT CODE (Office Use Only) 17. **BLOCK/CIRCLE/MANDAL** 18. BLOCK CODE (Office Use Only) TAHSIL/TALUK/SUB-DIVISION NAME 19. E-MAIL ID ADDRESS 20. **CORRESPONDENCE ADDRESS:** PIN CODE: PHONE MOBILE: *Please remember the Mobile Number for further Queries WORKING AREA: ALL OVER INDIA Page 3 of 4

21. NAME & ADDRESS OF SCHOOL/COLLEGE/INSTITUTE:		
PIN CODE: LILILILILI		
PHONE WITH CODE MO	BILE :	
NOTE: If the appearing student would not fulfil the exact Phone/Mobile Number of the School/College/Institution, then the ApplicationFormforregistrationshallberejected, shall not be intertained & his all the Legal claims hall be redundant, on verification.		
22. EXAMINATION FEE DETAILS :		
(A) For SC/ST/MINORITY ₹ 260/- (B) For BC/OBC : ₹ 280/-		
(C) For General Category ₹ 300/- [(D) For Physically Handicap (PH) ₹ 150		
BANK DRAFT/DEPOSITE ISSUING/DEPOSITE	NAME OF ISSUING	AMOUNT
SLIP NO. DATE	BANK	(Rs.)
Total Amount in words ₹only in Figureonly in Figure		
23. DECLARATION BY STUDENT'S/PARENT'S/GUARDIAN'S:		
I hereby declare that all the information given above are true and correct to the best of my knowledge & belief I hereby also declare that to abide with the Rules & Regulation of the Examination and will not make		
any claim against, whatsoever. All legal obligation/dispute are subject to the jurisdiction of admin office		
Patna (Bihar) only.		
Signature of Parent's/Guardian's Signature Mob. No. Mob. No.		Place Date
24. VERIFIED BY THE PRINCIPAL/HEADMASTER/GAZETTED OFFICER/PANCHAYAT		
MUKHIYA/WARD COUNSELLOR:		
VERIFIED BY THE PRINCIPAL/HEADMASTER/GAZETTED OFFICER/PANCHAYAT MUKHIYA		
Applicant Name Mr./Miss		
ClassRoll NoCategory (SC/ST/OBC/MINORITY)/General/PH		
School's Name:		
Principal/Headmaster/Gazetted Officer/Panchayat Mukhiya/Ward Counsellor Name		
	Seal & Sig	nature of
Signature of Candidate Date	Seal & Sig Principal/Headmaster/Pancha	nature of
Signature of Candidate Date Mob. No.	Seal & Sig	nature of