

**STATE COUNCIL OF EDUCATIONAL RESEARCH AND TRAINING (SCERT)**Vidyabhavan, Poojappura, Thiruvananthapuram
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Head of the
Institution)***NURTURING MATHEMATICAL TALENTS IN SCHOOLS (NuMATS)****State Level Aptitude Test – 2017****NuMATS**
an Institute of SCERT Kerala**ROLL No:1117001****ADMISSION CARD**

Name of the candidate	GOPIKA.K.S
Name of the School	AUPS PILASSERY
Name of the Revenue District	Kozhikode

Full Postal Address of Candidate *(To be filled by candidate)*

_____ Pin Code _____

Date of Examination : **04.02.2017** from 10.30am to 11.30amVenue of Examination : **GANAPATH GIRLS HSS CHALAPPURAM****Attested by the Head of the School** *(with Office Seal)***Signature of the Candidate****STATE COUNCIL OF EDUCATIONAL RESEARCH AND TRAINING (SCERT)**Vidyabhavan, Poojappura, Thiruvananthapuram
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Head of the
Institution)***NURTURING MATHEMATICAL TALENTS IN SCHOOLS (NuMATS)****State Level Aptitude Test – 2017****ROLL No:****IDENTIFICATION CERTIFICATE**

Name of the candidate	
Name of the School	
Name of the Revenue District	

Full Postal Address of Candidate *(To be filled by candidate)*

_____ Pin Code _____ Contact Ph. No. _____

Date of Examination

Venue of Examination :

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an Institute of SCERT Kerala**ROLL No:1117002****ADMISSION CARD**

Name of the candidate	ATHUL SAJEEV
Name of the School	MAMUPS PARAMBILKADU
Name of the Revenue District	Kozhikode

Full Postal Address of Candidate *(To be filled by candidate)*

_____ Pin Code _____

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Name of the School	
Name of the Revenue District	

Full Postal Address of Candidate *(To be filled by candidate)*

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an Institute of SCERT Kerala**ROLL No:1117003****ADMISSION CARD**

Name of the candidate	MUHAMMED ADIL
Name of the School	AMUPS MAKKOOTTAM
Name of the Revenue District	Kozhikode

Full Postal Address of Candidate *(To be filled by candidate)*

_____ Pin Code _____

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Name of the School	
Name of the Revenue District	

Full Postal Address of Candidate *(To be filled by candidate)*

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an Institute of SCERT Kerala**ROLL No:1117004****ADMISSION CARD**

Name of the candidate	ADITHYA.C.K
Name of the School	GHSS PAYAMBRA
Name of the Revenue District	Kozhikode

Full Postal Address of Candidate *(To be filled by candidate)*

_____ Pin Code _____

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Name of the School	
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Name of the candidate	FEBIN FIRSHAD
Name of the School	MEMUNDAH HSS
Name of the Revenue District	Kozhikode

Full Postal Address of Candidate *(To be filled by candidate)*

_____ Pin Code _____

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Name of the Revenue District	

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Name of the candidate	ABID H A
Name of the School	GMUPS THIRUVALLUR
Name of the Revenue District	Kozhikode

Full Postal Address of Candidate *(To be filled by candidate)*

_____ Pin Code _____

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Name of the candidate	
Name of the School	
Name of the Revenue District	

Full Postal Address of Candidate *(To be filled by candidate)*

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Name of the candidate	AMAL RAJ
Name of the School	KATAMERY U UPS
Name of the Revenue District	Kozhikode

Full Postal Address of Candidate *(To be filled by candidate)*

_____ Pin Code _____

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Name of the candidate	
Name of the School	
Name of the Revenue District	

Full Postal Address of Candidate *(To be filled by candidate)*

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Name of the candidate	DEVAPRIYA N C
Name of the School	KATAMERY UPS
Name of the Revenue District	Kozhikode

Full Postal Address of Candidate *(To be filled by candidate)*

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Name of the School	
Name of the Revenue District	

Full Postal Address of Candidate *(To be filled by candidate)*

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an Institute of SCERT Kerala**ROLL No:1117009****ADMISSION CARD**

Name of the candidate	SANIYA K V
Name of the School	GUPS THAMARASEERY
Name of the Revenue District	Kozhikode

Full Postal Address of Candidate *(To be filled by candidate)*

_____ Pin Code _____

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Name of the School	
Name of the Revenue District	

Full Postal Address of Candidate *(To be filled by candidate)*

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an Institute of SCERT Kerala**ROLL No:1117010****ADMISSION CARD**

Name of the candidate	FATHIMA NOORIYA K
Name of the School	GMUPS RAROTH
Name of the Revenue District	Kozhikode

Full Postal Address of Candidate *(To be filled by candidate)*

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Full Postal Address of Candidate *(To be filled by candidate)*

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Name of the candidate	ANUVINDA K K
Name of the School	GMUPS RAROTH
Name of the Revenue District	Kozhikode

Full Postal Address of Candidate *(To be filled by candidate)*

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Full Postal Address of Candidate *(To be filled by candidate)*

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an initiative of SCERT Kerala**ROLL No:1117012****ADMISSION CARD**

Name of the candidate	RUDHRA RAJ
Name of the School	GUPS THAMARASSERY
Name of the Revenue District	Kozhikode

Full Postal Address of Candidate *(To be filled by candidate)*

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Full Postal Address of Candidate *(To be filled by candidate)*

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Name of the candidate	ATHUL A P
Name of the School	GVHSS THAMARASSERY
Name of the Revenue District	Kozhikode

Full Postal Address of Candidate *(To be filled by candidate)*

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Name of the candidate	MUHAHHED RINAS
Name of the School	NARIKKUNNU UPS
Name of the Revenue District	Kozhikode

Full Postal Address of Candidate *(To be filled by candidate)*

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Name of the candidate	SETHU LAKSHMI
Name of the School	ORKKATTERI NORTH UPS
Name of the Revenue District	Kozhikode

Full Postal Address of Candidate *(To be filled by candidate)*

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an Institute of SCERT Kerala**ROLL No:1117016****ADMISSION CARD**

Name of the candidate	LITHA T N
Name of the School	EDACHERI NORTH UPS
Name of the Revenue District	Kozhikode

Full Postal Address of Candidate *(To be filled by candidate)*

_____ Pin Code _____

Date of Examination : **04.02.2017** from 10.30am to 11.30amVenue of Examination : **GANAPATH GIRLS HSS CHALAPPURAM****Attested by the Head of the School** *(with Office Seal)***Signature of the Candidate****STATE COUNCIL OF EDUCATIONAL RESEARCH AND TRAINING (SCERT)**Vidyabhavan, Poojappura, Thiruvananthapuram
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Head of the
Institution)***NURTURING MATHEMATICAL TALENTS IN SCHOOLS (NuMATS)****State Level Aptitude Test – 2017****ROLL No:****IDENTIFICATION CERTIFICATE**

Name of the candidate	
Name of the School	
Name of the Revenue District	

Full Postal Address of Candidate *(To be filled by candidate)*

_____ Pin Code _____ Contact Ph. No. _____

Date of Examination

Venue of Examination :

Attested by the Head of the School *(with Office Seal)***Signature of the Candidate**

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Institution)***NURTURING MATHEMATICAL TALENTS IN SCHOOLS (NuMATS)****State Level Aptitude Test – 2017****NuMATS**
an Institute of SCERT Kerala**ROLL No:1117017****ADMISSION CARD**

Name of the candidate	ROSHITH DEV R
Name of the School	KALLAMALA UPS
Name of the Revenue District	Kozhikode

Full Postal Address of Candidate *(To be filled by candidate)*

_____ Pin Code _____

Date of Examination : **04.02.2017** from 10.30am to 11.30amVenue of Examination : **GANAPATH GIRLS HSS CHALAPPURAM****Attested by the Head of the School** *(with Office Seal)***Signature of the Candidate****STATE COUNCIL OF EDUCATIONAL RESEARCH AND TRAINING (SCERT)**Vidyabhavan, Poojappura, Thiruvananthapuram
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Institution)***NURTURING MATHEMATICAL TALENTS IN SCHOOLS (NuMATS)****State Level Aptitude Test – 2017****ROLL No:****IDENTIFICATION CERTIFICATE**

Name of the candidate	
Name of the School	
Name of the Revenue District	

Full Postal Address of Candidate *(To be filled by candidate)*

_____ Pin Code _____ Contact Ph. No. _____

Date of Examination

Venue of Examination :

Attested by the Head of the School *(with Office Seal)***Signature of the Candidate**

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an Institute of SCERT Kerala**ROLL No:1117018****ADMISSION CARD**

Name of the candidate	ARYA P K
Name of the School	NARIKKUNNU UPS
Name of the Revenue District	Kozhikode

Full Postal Address of Candidate *(To be filled by candidate)*

_____ Pin Code _____

Date of Examination : **04.02.2017** from 10.30am to 11.30amVenue of Examination : **GANAPATH GIRLS HSS CHALAPPURAM****Attested by the Head of the School** *(with Office Seal)***Signature of the Candidate****STATE COUNCIL OF EDUCATIONAL RESEARCH AND TRAINING (SCERT)**Vidyabhavan, Poojappura, Thiruvananthapuram
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Institution)***NURTURING MATHEMATICAL TALENTS IN SCHOOLS (NuMATS)****State Level Aptitude Test – 2017****ROLL No:****IDENTIFICATION CERTIFICATE**

Name of the candidate	
Name of the School	
Name of the Revenue District	

Full Postal Address of Candidate *(To be filled by candidate)*

_____ Pin Code _____ Contact Ph. No. _____

Date of Examination

Venue of Examination :

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Name of the candidate	SREENANDA S V
Name of the School	GUPS CHERUVANNUR
Name of the Revenue District	Kozhikode

Full Postal Address of Candidate *(To be filled by candidate)*

_____ Pin Code _____

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Institution)***NURTURING MATHEMATICAL TALENTS IN SCHOOLS (NuMATS)****State Level Aptitude Test – 2017****ROLL No:****IDENTIFICATION CERTIFICATE**

Name of the candidate	
Name of the School	
Name of the Revenue District	

Full Postal Address of Candidate *(To be filled by candidate)*

_____ Pin Code _____ Contact Ph. No. _____

Date of Examination

Venue of Examination :

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an Institute of SCERT Kerala**ROLL No:1117020****ADMISSION CARD**

Name of the candidate	AFEF AHSAN
Name of the School	KANNOTH UPS
Name of the Revenue District	Kozhikode

Full Postal Address of Candidate *(To be filled by candidate)*

_____ Pin Code _____

Date of Examination : **04.02.2017** from 10.30am to 11.30amVenue of Examination : **GANAPATH GIRLS HSS CHALAPPURAM****Attested by the Head of the School** *(with Office Seal)***Signature of the Candidate****STATE COUNCIL OF EDUCATIONAL RESEARCH AND TRAINING (SCERT)**Vidyabhavan, Poojappura, Thiruvananthapuram
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Name of the candidate	
Name of the School	
Name of the Revenue District	

Full Postal Address of Candidate *(To be filled by candidate)*

_____ Pin Code _____ Contact Ph. No. _____

Date of Examination

Venue of Examination :

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an Institute of SCERT Kerala**ROLL No:1117021****ADMISSION CARD**

Name of the candidate	Abhay Krishna K K
Name of the School	CKGHS, Chingapuram
Name of the Revenue District	Kozhikode

Full Postal Address of Candidate *(To be filled by candidate)*

_____ Pin Code _____

Date of Examination : **04.02.2017** from 10.30am to 11.30amVenue of Examination : **GANAPATH GIRLS HSS CHALAPPURAM****Attested by the Head of the School** *(with Office Seal)***Signature of the Candidate****STATE COUNCIL OF EDUCATIONAL RESEARCH AND TRAINING (SCERT)**Vidyabhavan, Poojappura, Thiruvananthapuram
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Name of the candidate	
Name of the School	
Name of the Revenue District	

Full Postal Address of Candidate *(To be filled by candidate)*

_____ Pin Code _____ Contact Ph. No. _____

Date of Examination

Venue of Examination :

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an Institute of SCERT Kerala**ROLL No:1117022****ADMISSION CARD**

Name of the candidate	Safariya m K
Name of the School	SNBMGUPS, Melady
Name of the Revenue District	Kozhikode

Full Postal Address of Candidate *(To be filled by candidate)*

_____ Pin Code _____

Date of Examination : 04.02.2017 from 10.30am to 11.30am

Venue of Examination : GANAPATH GIRLS HSS CHALAPPURAM

Attested by the Head of the School *(with Office Seal)*

Signature of the Candidate

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Institution)***NURTURING MATHEMATICAL TALENTS IN SCHOOLS (NuMATS)****State Level Aptitude Test – 2017****ROLL No:****IDENTIFICATION CERTIFICATE**

Name of the candidate	
Name of the School	
Name of the Revenue District	

Full Postal Address of Candidate *(To be filled by candidate)*

_____ Pin Code _____ Contact Ph. No. _____

Date of Examination

Venue of Examination :

Attested by the Head of the School *(with Office Seal)*

Signature of the Candidate

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Name of the candidate	Fathima Lubaba
Name of the School	Ayyappankave UPS
Name of the Revenue District	Kozhikode

Full Postal Address of Candidate *(To be filled by candidate)*

_____ Pin Code _____

Date of Examination : **04.02.2017** from 10.30am to 11.30amVenue of Examination : **GANAPATH GIRLS HSS CHALAPPURAM****Attested by the Head of the School** *(with Office Seal)***Signature of the Candidate****STATE COUNCIL OF EDUCATIONAL RESEARCH AND TRAINING (SCERT)**Vidyabhavan, Poojappura, Thiruvananthapuram
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Institution)***NURTURING MATHEMATICAL TALENTS IN SCHOOLS (NuMATS)****State Level Aptitude Test – 2017****ROLL No:****IDENTIFICATION CERTIFICATE**

Name of the candidate	
Name of the School	
Name of the Revenue District	

Full Postal Address of Candidate *(To be filled by candidate)*

_____ Pin Code _____ Contact Ph. No. _____

Date of Examination

Venue of Examination :

Attested by the Head of the School *(with Office Seal)***Signature of the Candidate**

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an Institute of SCERT Kerala**ROLL No:1117024****ADMISSION CARD**

Name of the candidate	Ananya G S
Name of the School	Kizhur AUPS
Name of the Revenue District	Kozhikode

Full Postal Address of Candidate *(To be filled by candidate)*

_____ Pin Code _____

Date of Examination : **04.02.2017** from 10.30am to 11.30amVenue of Examination : **GANAPATH GIRLS HSS CHALAPPURAM****Attested by the Head of the School** *(with Office Seal)***Signature of the Candidate****STATE COUNCIL OF EDUCATIONAL RESEARCH AND TRAINING (SCERT)**Vidyabhavan, Poojappura, Thiruvananthapuram
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Institution)***NURTURING MATHEMATICAL TALENTS IN SCHOOLS (NuMATS)****State Level Aptitude Test – 2017****ROLL No:****IDENTIFICATION CERTIFICATE**

Name of the candidate	
Name of the School	
Name of the Revenue District	

Full Postal Address of Candidate *(To be filled by candidate)*

_____ Pin Code _____ Contact Ph. No. _____

Date of Examination

Venue of Examination :

Attested by the Head of the School *(with Office Seal)***Signature of the Candidate**

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Name of the candidate	Nivedya P V
Name of the School	GUPS, Cheruvannur
Name of the Revenue District	Kozhikode

Full Postal Address of Candidate *(To be filled by candidate)*

_____ Pin Code _____

Date of Examination : **04.02.2017** from 10.30am to 11.30amVenue of Examination : **GANAPATH GIRLS HSS CHALAPPURAM****Attested by the Head of the School** *(with Office Seal)***Signature of the Candidate****STATE COUNCIL OF EDUCATIONAL RESEARCH AND TRAINING (SCERT)**Vidyabhavan, Poojappura, Thiruvananthapuram
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Institution)***NURTURING MATHEMATICAL TALENTS IN SCHOOLS (NuMATS)****State Level Aptitude Test – 2017****ROLL No:****IDENTIFICATION CERTIFICATE**

Name of the candidate	
Name of the School	
Name of the Revenue District	

Full Postal Address of Candidate *(To be filled by candidate)*

_____ Pin Code _____ Contact Ph. No. _____

Date of Examination

Venue of Examination :

Attested by the Head of the School *(with Office Seal)***Signature of the Candidate**

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Name of the candidate	Vivek A.M
Name of the School	Kavumthara AUPS
Name of the Revenue District	Kozhikode

Full Postal Address of Candidate *(To be filled by candidate)*

_____ Pin Code _____

Date of Examination : **04.02.2017** from 10.30am to 11.30amVenue of Examination : **GANAPATH GIRLS HSS CHALAPPURAM****Attested by the Head of the School** *(with Office Seal)***Signature of the Candidate****STATE COUNCIL OF EDUCATIONAL RESEARCH AND TRAINING (SCERT)**Vidyabhavan, Poojappura, Thiruvananthapuram
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Head of the
Institution)***NURTURING MATHEMATICAL TALENTS IN SCHOOLS (NuMATS)****State Level Aptitude Test – 2017****ROLL No:****IDENTIFICATION CERTIFICATE**

Name of the candidate	
Name of the School	
Name of the Revenue District	

Full Postal Address of Candidate *(To be filled by candidate)*

_____ Pin Code _____ Contact Ph. No. _____

Date of Examination

Venue of Examination :

Attested by the Head of the School *(with Office Seal)***Signature of the Candidate**

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an Institute of SCERT Kerala**ROLL No:1117027****ADMISSION CARD**

Name of the candidate	Jiya.V.M
Name of the School	Perambra AUPS
Name of the Revenue District	Kozhikode

Full Postal Address of Candidate *(To be filled by candidate)*

_____ Pin Code _____

Date of Examination : **04.02.2017** from 10.30am to 11.30amVenue of Examination : **GANAPATH GIRLS HSS CHALAPPURAM****Attested by the Head of the School** *(with Office Seal)***Signature of the Candidate****STATE COUNCIL OF EDUCATIONAL RESEARCH AND TRAINING (SCERT)**Vidyabhavan, Poojappura, Thiruvananthapuram
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Head of the
Institution)***NURTURING MATHEMATICAL TALENTS IN SCHOOLS (NuMATS)****State Level Aptitude Test – 2017****ROLL No:****IDENTIFICATION CERTIFICATE**

Name of the candidate	
Name of the School	
Name of the Revenue District	

Full Postal Address of Candidate *(To be filled by candidate)*

_____ Pin Code _____ Contact Ph. No. _____

Date of Examination

Venue of Examination :

Attested by the Head of the School *(with Office Seal)***Signature of the Candidate**



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State Level Aptitude Test – 2017



NuMATS
an initiative of SCERT Kerala

ROLL No:1117028

ADMISSION CARD

Name of the candidate	Daninsh Muhammed
Name of the School	GHSS Naduvannur
Name of the Revenue District	Kozhikode

Full Postal Address of Candidate *(To be filled by candidate)*

_____ Pin Code _____

Date of Examination : **04.02.2017** from 10.30am to 11.30am

Venue of Examination : **GANAPATH GIRLS HSS CHALAPPURAM**

Attested by the Head of the School *(with Office Seal)*

Signature of the Candidate



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 Head of the
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NURTURING MATHEMATICAL TALENTS IN SCHOOLS (NuMATS)

State Level Aptitude Test – 2017

ROLL No:

IDENTIFICATION CERTIFICATE

Name of the candidate	
Name of the School	
Name of the Revenue District	

Full Postal Address of Candidate *(To be filled by candidate)*

_____ Pin Code _____ Contact Ph. No. _____

Date of Examination

Venue of Examination :

Attested by the Head of the School *(with Office Seal)*

Signature of the Candidate

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an Institute of SCERT Kerala**ROLL No:1117029****ADMISSION CARD**

Name of the candidate	Vismaya.C.P
Name of the School	Velliyoor AUPS
Name of the Revenue District	Kozhikode

Full Postal Address of Candidate *(To be filled by candidate)*

_____ Pin Code _____

Date of Examination : **04.02.2017** from 10.30am to 11.30amVenue of Examination : **GANAPATH GIRLS HSS CHALAPPURAM****Attested by the Head of the School** *(with Office Seal)***Signature of the Candidate****STATE COUNCIL OF EDUCATIONAL RESEARCH AND TRAINING (SCERT)**Vidyabhavan, Poojappura, Thiruvananthapuram
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Head of the
Institution)***NURTURING MATHEMATICAL TALENTS IN SCHOOLS (NuMATS)****State Level Aptitude Test – 2017****ROLL No:****IDENTIFICATION CERTIFICATE**

Name of the candidate	
Name of the School	
Name of the Revenue District	

Full Postal Address of Candidate *(To be filled by candidate)*

_____ Pin Code _____ Contact Ph. No. _____

Date of Examination

Venue of Examination :

Attested by the Head of the School *(with Office Seal)***Signature of the Candidate**

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an initiative of SCERT Kerala**ROLL No:1117030****ADMISSION CARD**

Name of the candidate	Neogypsy
Name of the School	Plantation GUPS
Name of the Revenue District	Kozhikode

Full Postal Address of Candidate *(To be filled by candidate)*

_____ Pin Code _____

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Head of the
Institution)***NURTURING MATHEMATICAL TALENTS IN SCHOOLS (NuMATS)****State Level Aptitude Test – 2017****ROLL No:****IDENTIFICATION CERTIFICATE**

Name of the candidate	
Name of the School	
Name of the Revenue District	

Full Postal Address of Candidate *(To be filled by candidate)*

_____ Pin Code _____ Contact Ph. No. _____

Date of Examination

Venue of Examination :

Attested by the Head of the School *(with Office Seal)***Signature of the Candidate**

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an Institute of SCERT Kerala**ROLL No:1117031****ADMISSION CARD**

Name of the candidate	Arun.B
Name of the School	Perambra HS
Name of the Revenue District	Kozhikode

Full Postal Address of Candidate *(To be filled by candidate)*

_____ Pin Code _____

Date of Examination : **04.02.2017** from 10.30am to 11.30amVenue of Examination : **GANAPATH GIRLS HSS CHALAPPURAM****Attested by the Head of the School** *(with Office Seal)***Signature of the Candidate****STATE COUNCIL OF EDUCATIONAL RESEARCH AND TRAINING (SCERT)**Vidyabhavan, Poojappura, Thiruvananthapuram
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Head of the
Institution)***NURTURING MATHEMATICAL TALENTS IN SCHOOLS (NuMATS)****State Level Aptitude Test – 2017****ROLL No:****IDENTIFICATION CERTIFICATE**

Name of the candidate	
Name of the School	
Name of the Revenue District	

Full Postal Address of Candidate *(To be filled by candidate)*

_____ Pin Code _____ Contact Ph. No. _____

Date of Examination

Venue of Examination :

Attested by the Head of the School *(with Office Seal)***Signature of the Candidate**

**STATE COUNCIL OF EDUCATIONAL RESEARCH AND TRAINING (SCERT)**Vidyabhavan, Poojappura, Thiruvananthapuram
Kerala-695 012. Website www.scert.kerala.gov.in, e-mail scertkerala@gmail.com*Passport size
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endorsed by the
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Institution)***NURTURING MATHEMATICAL TALENTS IN SCHOOLS (NuMATS)****State Level Aptitude Test – 2017****NuMATS**
an Institute of SCERT Kerala**ROLL No:1117032****ADMISSION CARD**

Name of the candidate	ANANDAN.A
Name of the School	MANNUR KRISHNA AUPS
Name of the Revenue District	Kozhikode

Full Postal Address of Candidate *(To be filled by candidate)*

_____ Pin Code _____

Date of Examination : **04.02.2017** from 10.30am to 11.30amVenue of Examination : **GANAPATH GIRLS HSS CHALAPPURAM****Attested by the Head of the School** *(with Office Seal)***Signature of the Candidate****STATE COUNCIL OF EDUCATIONAL RESEARCH AND TRAINING (SCERT)**Vidyabhavan, Poojappura, Thiruvananthapuram
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Institution)***NURTURING MATHEMATICAL TALENTS IN SCHOOLS (NuMATS)****State Level Aptitude Test – 2017****ROLL No:****IDENTIFICATION CERTIFICATE**

Name of the candidate	
Name of the School	
Name of the Revenue District	

Full Postal Address of Candidate *(To be filled by candidate)*

_____ Pin Code _____ Contact Ph. No. _____

Date of Examination

Venue of Examination :

Attested by the Head of the School *(with Office Seal)***Signature of the Candidate**

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Institution)***NURTURING MATHEMATICAL TALENTS IN SCHOOLS (NuMATS)****State Level Aptitude Test – 2017****NuMATS**
an Institute of SCERT Kerala**ROLL No:1117033****ADMISSION CARD**

Name of the candidate	RIDHYA.P
Name of the School	MANNUR NORTH AUPS
Name of the Revenue District	Kozhikode

Full Postal Address of Candidate *(To be filled by candidate)*

_____ Pin Code _____

Date of Examination : **04.02.2017** from 10.30am to 11.30amVenue of Examination : **GANAPATH GIRLS HSS CHALAPPURAM****Attested by the Head of the School** *(with Office Seal)***Signature of the Candidate****STATE COUNCIL OF EDUCATIONAL RESEARCH AND TRAINING (SCERT)**Vidyabhavan, Poojappura, Thiruvananthapuram
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Institution)***NURTURING MATHEMATICAL TALENTS IN SCHOOLS (NuMATS)****State Level Aptitude Test – 2017****ROLL No:****IDENTIFICATION CERTIFICATE**

Name of the candidate	
Name of the School	
Name of the Revenue District	

Full Postal Address of Candidate *(To be filled by candidate)*

_____ Pin Code _____ Contact Ph. No. _____

Date of Examination

Venue of Examination :

Attested by the Head of the School *(with Office Seal)***Signature of the Candidate**

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Head of the
Institution)***NURTURING MATHEMATICAL TALENTS IN SCHOOLS (NuMATS)****State Level Aptitude Test – 2017****NuMATS**
an Institute of SCERT Kerala**ROLL No:1117034****ADMISSION CARD**

Name of the candidate	POOJA.M
Name of the School	MANNUR KRISHNA AUPS
Name of the Revenue District	Kozhikode

Full Postal Address of Candidate *(To be filled by candidate)*

_____ Pin Code _____

Date of Examination : **04.02.2017** from 10.30am to 11.30amVenue of Examination : **GANAPATH GIRLS HSS CHALAPPURAM****Attested by the Head of the School** *(with Office Seal)***Signature of the Candidate****STATE COUNCIL OF EDUCATIONAL RESEARCH AND TRAINING (SCERT)**Vidyabhavan, Poojappura, Thiruvananthapuram
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Institution)***NURTURING MATHEMATICAL TALENTS IN SCHOOLS (NuMATS)****State Level Aptitude Test – 2017****ROLL No:****IDENTIFICATION CERTIFICATE**

Name of the candidate	
Name of the School	
Name of the Revenue District	

Full Postal Address of Candidate *(To be filled by candidate)*

_____ Pin Code _____ Contact Ph. No. _____

Date of Examination

Venue of Examination :

Attested by the Head of the School *(with Office Seal)***Signature of the Candidate**

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Institution)***NURTURING MATHEMATICAL TALENTS IN SCHOOLS (NuMATS)****State Level Aptitude Test – 2017****NuMATS**
an initiative of SCERT Kerala**ROLL No:1117035****ADMISSION CARD**

Name of the candidate	FATHIMA NAJLA.K
Name of the School	AVSAUPSCHOOL
Name of the Revenue District	Kozhikode

Full Postal Address of Candidate *(To be filled by candidate)*

_____ Pin Code _____

Date of Examination : **04.02.2017** from 10.30am to 11.30amVenue of Examination : **GANAPATH GIRLS HSS CHALAPPURAM****Attested by the Head of the School** *(with Office Seal)***Signature of the Candidate****STATE COUNCIL OF EDUCATIONAL RESEARCH AND TRAINING (SCERT)**Vidyabhavan, Poojappura, Thiruvananthapuram
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Head of the
Institution)***NURTURING MATHEMATICAL TALENTS IN SCHOOLS (NuMATS)****State Level Aptitude Test – 2017****ROLL No:****IDENTIFICATION CERTIFICATE**

Name of the candidate	
Name of the School	
Name of the Revenue District	

Full Postal Address of Candidate *(To be filled by candidate)*

_____ Pin Code _____ Contact Ph. No. _____

Date of Examination

Venue of Examination :

Attested by the Head of the School *(with Office Seal)***Signature of the Candidate**

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Head of the
Institution)***NURTURING MATHEMATICAL TALENTS IN SCHOOLS (NuMATS)****State Level Aptitude Test – 2017****NuMATS**
an Institute of SCERT Kerala**ROLL No:1117036****ADMISSION CARD**

Name of the candidate	MUHAMMED ANFAL.C.P
Name of the School	BMOUPS KARUVANTHIRUTHI
Name of the Revenue District	Kozhikode

Full Postal Address of Candidate *(To be filled by candidate)*

_____ Pin Code _____

Date of Examination : **04.02.2017** from 10.30am to 11.30amVenue of Examination : **GANAPATH GIRLS HSS CHALAPPURAM****Attested by the Head of the School** *(with Office Seal)***Signature of the Candidate****STATE COUNCIL OF EDUCATIONAL RESEARCH AND TRAINING (SCERT)**Vidyabhavan, Poojappura, Thiruvananthapuram
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Head of the
Institution)***NURTURING MATHEMATICAL TALENTS IN SCHOOLS (NuMATS)****State Level Aptitude Test – 2017****ROLL No:****IDENTIFICATION CERTIFICATE**

Name of the candidate	
Name of the School	
Name of the Revenue District	

Full Postal Address of Candidate *(To be filled by candidate)*

_____ Pin Code _____ Contact Ph. No. _____

Date of Examination

Venue of Examination :

Attested by the Head of the School *(with Office Seal)***Signature of the Candidate**

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Institution)***NURTURING MATHEMATICAL TALENTS IN SCHOOLS (NuMATS)****State Level Aptitude Test – 2017****NuMATS**
an initiative of SCERT Kerala**ROLL No:1117037****ADMISSION CARD**

Name of the candidate	NABEELA FATHIMA.K.T
Name of the School	GHS NALLAM
Name of the Revenue District	Kozhikode

Full Postal Address of Candidate *(To be filled by candidate)*

_____ Pin Code _____

Date of Examination : **04.02.2017** from 10.30am to 11.30amVenue of Examination : **GANAPATH GIRLS HSS CHALAPPURAM****Attested by the Head of the School** *(with Office Seal)***Signature of the Candidate****STATE COUNCIL OF EDUCATIONAL RESEARCH AND TRAINING (SCERT)**Vidyabhavan, Poojappura, Thiruvananthapuram
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Institution)***NURTURING MATHEMATICAL TALENTS IN SCHOOLS (NuMATS)****State Level Aptitude Test – 2017****ROLL No:****IDENTIFICATION CERTIFICATE**

Name of the candidate	
Name of the School	
Name of the Revenue District	

Full Postal Address of Candidate *(To be filled by candidate)*

_____ Pin Code _____ Contact Ph. No. _____

Date of Examination

Venue of Examination :

Attested by the Head of the School *(with Office Seal)***Signature of the Candidate**

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Institution)***NURTURING MATHEMATICAL TALENTS IN SCHOOLS (NuMATS)****State Level Aptitude Test – 2017****NuMATS**
an Institute of SCERT Kerala**ROLL No:1117038****ADMISSION CARD**

Name of the candidate	ABHINAND.P.P
Name of the School	GUPS RAMANATTUKARA
Name of the Revenue District	Kozhikode

Full Postal Address of Candidate *(To be filled by candidate)*

_____ Pin Code _____

Date of Examination : **04.02.2017** from 10.30am to 11.30amVenue of Examination : **GANAPATH GIRLS HSS CHALAPPURAM****Attested by the Head of the School** *(with Office Seal)***Signature of the Candidate****STATE COUNCIL OF EDUCATIONAL RESEARCH AND TRAINING (SCERT)**Vidyabhavan, Poojappura, Thiruvananthapuram
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Head of the
Institution)***NURTURING MATHEMATICAL TALENTS IN SCHOOLS (NuMATS)****State Level Aptitude Test – 2017****ROLL No:****IDENTIFICATION CERTIFICATE**

Name of the candidate	
Name of the School	
Name of the Revenue District	

Full Postal Address of Candidate *(To be filled by candidate)*

_____ Pin Code _____ Contact Ph. No. _____

Date of Examination

Venue of Examination :

Attested by the Head of the School *(with Office Seal)***Signature of the Candidate**

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Head of the
Institution)***NURTURING MATHEMATICAL TALENTS IN SCHOOLS (NuMATS)****State Level Aptitude Test – 2017****NuMATS**
an initiative of SCERT Kerala**ROLL No:1117039****ADMISSION CARD**

Name of the candidate	GOPIKA ANIL
Name of the School	GUPS RAMANATTUKARA
Name of the Revenue District	Kozhikode

Full Postal Address of Candidate *(To be filled by candidate)*

_____ Pin Code _____

Date of Examination : **04.02.2017** from 10.30am to 11.30amVenue of Examination : **GANAPATH GIRLS HSS CHALAPPURAM****Attested by the Head of the School** *(with Office Seal)***Signature of the Candidate****STATE COUNCIL OF EDUCATIONAL RESEARCH AND TRAINING (SCERT)**Vidyabhavan, Poojappura, Thiruvananthapuram
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Head of the
Institution)***NURTURING MATHEMATICAL TALENTS IN SCHOOLS (NuMATS)****State Level Aptitude Test – 2017****ROLL No:****IDENTIFICATION CERTIFICATE**

Name of the candidate	
Name of the School	
Name of the Revenue District	

Full Postal Address of Candidate *(To be filled by candidate)*

_____ Pin Code _____ Contact Ph. No. _____

Date of Examination

Venue of Examination :

Attested by the Head of the School *(with Office Seal)***Signature of the Candidate**

**STATE COUNCIL OF EDUCATIONAL RESEARCH AND TRAINING (SCERT)**Vidyabhavan, Poojappura, Thiruvananthapuram
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Head of the
Institution)***NURTURING MATHEMATICAL TALENTS IN SCHOOLS (NuMATS)****State Level Aptitude Test – 2017****NuMATS**
an initiative of SCERT Kerala**ROLL No:1117040****ADMISSION CARD**

Name of the candidate	ABDUL BASITH
Name of the School	LFAUPSCHOOL
Name of the Revenue District	Kozhikode

Full Postal Address of Candidate *(To be filled by candidate)*

_____ Pin Code _____

Date of Examination : **04.02.2017** from 10.30am to 11.30amVenue of Examination : **GANAPATH GIRLS HSS CHALAPPURAM****Attested by the Head of the School** *(with Office Seal)***Signature of the Candidate****STATE COUNCIL OF EDUCATIONAL RESEARCH AND TRAINING (SCERT)**Vidyabhavan, Poojappura, Thiruvananthapuram
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Head of the
Institution)***NURTURING MATHEMATICAL TALENTS IN SCHOOLS (NuMATS)****State Level Aptitude Test – 2017****ROLL No:****IDENTIFICATION CERTIFICATE**

Name of the candidate	
Name of the School	
Name of the Revenue District	

Full Postal Address of Candidate *(To be filled by candidate)*

_____ Pin Code _____ Contact Ph. No. _____

Date of Examination

Venue of Examination :

Attested by the Head of the School *(with Office Seal)***Signature of the Candidate**

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Institution)***NURTURING MATHEMATICAL TALENTS IN SCHOOLS (NuMATS)****State Level Aptitude Test – 2017****NuMATS**
an Institute of SCERT Kerala**ROLL No:1117041****ADMISSION CARD**

Name of the candidate	ANAMIKA K. T.
Name of the School	St. Angelas AUPS
Name of the Revenue District	Kozhikode

Full Postal Address of Candidate *(To be filled by candidate)*

_____ Pin Code _____

Date of Examination : **04.02.2017** from 10.30am to 11.30amVenue of Examination : **GANAPATH GIRLS HSS CHALAPPURAM****Attested by the Head of the School** *(with Office Seal)***Signature of the Candidate****STATE COUNCIL OF EDUCATIONAL RESEARCH AND TRAINING (SCERT)**Vidyabhavan, Poojappura, Thiruvananthapuram
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Head of the
Institution)***NURTURING MATHEMATICAL TALENTS IN SCHOOLS (NuMATS)****State Level Aptitude Test – 2017****ROLL No:****IDENTIFICATION CERTIFICATE**

Name of the candidate	
Name of the School	
Name of the Revenue District	

Full Postal Address of Candidate *(To be filled by candidate)*

_____ Pin Code _____ Contact Ph. No. _____

Date of Examination

Venue of Examination :

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Institution)***NURTURING MATHEMATICAL TALENTS IN SCHOOLS (NuMATS)****State Level Aptitude Test – 2017****NuMATS**
an initiative of SCERT Kerala**ROLL No:1117042****ADMISSION CARD**

Name of the candidate	HRIDHYA K.
Name of the School	St. Vincent Colony
Name of the Revenue District	Kozhikode

Full Postal Address of Candidate *(To be filled by candidate)*

_____ Pin Code _____

Date of Examination : **04.02.2017** from 10.30am to 11.30amVenue of Examination : **GANAPATH GIRLS HSS CHALAPPURAM****Attested by the Head of the School** *(with Office Seal)***Signature of the Candidate****STATE COUNCIL OF EDUCATIONAL RESEARCH AND TRAINING (SCERT)**Vidyabhavan, Poojappura, Thiruvananthapuram
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Head of the
Institution)***NURTURING MATHEMATICAL TALENTS IN SCHOOLS (NuMATS)****State Level Aptitude Test – 2017****ROLL No:****IDENTIFICATION CERTIFICATE**

Name of the candidate	
Name of the School	
Name of the Revenue District	

Full Postal Address of Candidate *(To be filled by candidate)*

_____ Pin Code _____ Contact Ph. No. _____

Date of Examination

Venue of Examination :

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Institution)***NURTURING MATHEMATICAL TALENTS IN SCHOOLS (NuMATS)****State Level Aptitude Test – 2017****NuMATS**
an Institute of SCERT Kerala**ROLL No:1117043****ADMISSION CARD**

Name of the candidate	FATHIMA SHIRIN I. P.
Name of the School	St. Vincent Colony
Name of the Revenue District	Kozhikode

Full Postal Address of Candidate *(To be filled by candidate)*

_____ Pin Code _____

Date of Examination : **04.02.2017** from 10.30am to 11.30amVenue of Examination : **GANAPATH GIRLS HSS CHALAPPURAM****Attested by the Head of the School** *(with Office Seal)***Signature of the Candidate****STATE COUNCIL OF EDUCATIONAL RESEARCH AND TRAINING (SCERT)**Vidyabhavan, Poojappura, Thiruvananthapuram
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Head of the
Institution)***NURTURING MATHEMATICAL TALENTS IN SCHOOLS (NuMATS)****State Level Aptitude Test – 2017****ROLL No:****IDENTIFICATION CERTIFICATE**

Name of the candidate	
Name of the School	
Name of the Revenue District	

Full Postal Address of Candidate *(To be filled by candidate)*

_____ Pin Code _____ Contact Ph. No. _____

Date of Examination

Venue of Examination :

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an initiative of SCERT Kerala**ROLL No:1117044****ADMISSION CARD**

Name of the candidate	NIHARIKA
Name of the School	St. Joseph's AIGHSS
Name of the Revenue District	Kozhikode

Full Postal Address of Candidate *(To be filled by candidate)*

_____ Pin Code _____

Date of Examination : **04.02.2017** from 10.30am to 11.30amVenue of Examination : **GANAPATH GIRLS HSS CHALAPPURAM****Attested by the Head of the School** *(with Office Seal)***Signature of the Candidate****STATE COUNCIL OF EDUCATIONAL RESEARCH AND TRAINING (SCERT)**Vidyabhavan, Poojappura, Thiruvananthapuram
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Name of the candidate	
Name of the School	
Name of the Revenue District	

Full Postal Address of Candidate *(To be filled by candidate)*

_____ Pin Code _____ Contact Ph. No. _____

Date of Examination

Venue of Examination :

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an initiative of SCERT Kerala**ROLL No:1117045****ADMISSION CARD**

Name of the candidate	SREYA SANKAR K.P.
Name of the School	Providence Girls HS
Name of the Revenue District	Kozhikode

Full Postal Address of Candidate *(To be filled by candidate)*

_____ Pin Code _____

Date of Examination : **04.02.2017** from 10.30am to 11.30amVenue of Examination : **GANAPATH GIRLS HSS CHALAPPURAM****Attested by the Head of the School** *(with Office Seal)***Signature of the Candidate****STATE COUNCIL OF EDUCATIONAL RESEARCH AND TRAINING (SCERT)**Vidyabhavan, Poojappura, Thiruvananthapuram
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Head of the
Institution)***NURTURING MATHEMATICAL TALENTS IN SCHOOLS (NuMATS)****State Level Aptitude Test – 2017****ROLL No:****IDENTIFICATION CERTIFICATE**

Name of the candidate	
Name of the School	
Name of the Revenue District	

Full Postal Address of Candidate *(To be filled by candidate)*

_____ Pin Code _____ Contact Ph. No. _____

Date of Examination

Venue of Examination :

Attested by the Head of the School *(with Office Seal)***Signature of the Candidate**

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Head of the
Institution)***NURTURING MATHEMATICAL TALENTS IN SCHOOLS (NuMATS)****State Level Aptitude Test – 2017****NuMATS**
an initiative of SCERT Kerala**ROLL No:1117046****ADMISSION CARD**

Name of the candidate	KARTHIK.E.M
Name of the School	MEPPAYIL.SBS
Name of the Revenue District	Kozhikode

Full Postal Address of Candidate *(To be filled by candidate)*

_____ Pin Code _____

Date of Examination : **04.02.2017** from 10.30am to 11.30amVenue of Examination : **GANAPATH GIRLS HSS CHALAPPURAM****Attested by the Head of the School** *(with Office Seal)***Signature of the Candidate****STATE COUNCIL OF EDUCATIONAL RESEARCH AND TRAINING (SCERT)**Vidyabhavan, Poojappura, Thiruvananthapuram
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Head of the
Institution)***NURTURING MATHEMATICAL TALENTS IN SCHOOLS (NuMATS)****State Level Aptitude Test – 2017****ROLL No:****IDENTIFICATION CERTIFICATE**

Name of the candidate	
Name of the School	
Name of the Revenue District	

Full Postal Address of Candidate *(To be filled by candidate)*

_____ Pin Code _____ Contact Ph. No. _____

Date of Examination

Venue of Examination :

Attested by the Head of the School *(with Office Seal)***Signature of the Candidate**

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Institution)***NURTURING MATHEMATICAL TALENTS IN SCHOOLS (NuMATS)****State Level Aptitude Test – 2017****NuMATS**
an Institute of SCERT Kerala**ROLL No:1117047****ADMISSION CARD**

Name of the candidate	GOUTHAM.S.PREMOD
Name of the School	MEPPAYIL EAST.SBS
Name of the Revenue District	Kozhikode

Full Postal Address of Candidate *(To be filled by candidate)*

_____ Pin Code _____

Date of Examination : **04.02.2017** from 10.30am to 11.30amVenue of Examination : **GANAPATH GIRLS HSS CHALAPPURAM****Attested by the Head of the School** *(with Office Seal)***Signature of the Candidate****STATE COUNCIL OF EDUCATIONAL RESEARCH AND TRAINING (SCERT)**Vidyabhavan, Poojappura, Thiruvananthapuram
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Head of the
Institution)***NURTURING MATHEMATICAL TALENTS IN SCHOOLS (NuMATS)****State Level Aptitude Test – 2017****ROLL No:****IDENTIFICATION CERTIFICATE**

Name of the candidate	
Name of the School	
Name of the Revenue District	

Full Postal Address of Candidate *(To be filled by candidate)*

_____ Pin Code _____ Contact Ph. No. _____

Date of Examination

Venue of Examination :

Attested by the Head of the School *(with Office Seal)***Signature of the Candidate**

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an Institute of SCERT Kerala**ROLL No:1117048****ADMISSION CARD**

Name of the candidate	DEVANATH.S.PRAKASH
Name of the School	MEPPAYIL EAST.SBS
Name of the Revenue District	Kozhikode

Full Postal Address of Candidate *(To be filled by candidate)*

_____ Pin Code _____

Date of Examination : **04.02.2017** from 10.30am to 11.30amVenue of Examination : **GANAPATH GIRLS HSS CHALAPPURAM****Attested by the Head of the School** *(with Office Seal)***Signature of the Candidate****STATE COUNCIL OF EDUCATIONAL RESEARCH AND TRAINING (SCERT)**Vidyabhavan, Poojappura, Thiruvananthapuram
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Name of the candidate	
Name of the School	
Name of the Revenue District	

Full Postal Address of Candidate *(To be filled by candidate)*

_____ Pin Code _____ Contact Ph. No. _____

Date of Examination

Venue of Examination :

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an Institute of SCERT Kerala**ROLL No:1117049****ADMISSION CARD**

Name of the candidate	GOURINAND.M
Name of the School	KARUVENCHERI UPS
Name of the Revenue District	Kozhikode

Full Postal Address of Candidate *(To be filled by candidate)*

_____ Pin Code _____

Date of Examination : **04.02.2017** from 10.30am to 11.30amVenue of Examination : **GANAPATH GIRLS HSS CHALAPPURAM****Attested by the Head of the School** *(with Office Seal)***Signature of the Candidate****STATE COUNCIL OF EDUCATIONAL RESEARCH AND TRAINING (SCERT)**Vidyabhavan, Poojappura, Thiruvananthapuram
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Name of the candidate	
Name of the School	
Name of the Revenue District	

Full Postal Address of Candidate *(To be filled by candidate)*

_____ Pin Code _____ Contact Ph. No. _____

Date of Examination

Venue of Examination :

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an initiative of SCERT Kerala**ROLL No:1117050****ADMISSION CARD**

Name of the candidate	ABHAY CHANDRAN.K.V
Name of the School	KARUVENCHERI UPS
Name of the Revenue District	Kozhikode

Full Postal Address of Candidate *(To be filled by candidate)*

_____ Pin Code _____

Date of Examination : **04.02.2017** from 10.30am to 11.30amVenue of Examination : **GANAPATH GIRLS HSS CHALAPPURAM****Attested by the Head of the School** *(with Office Seal)***Signature of the Candidate****STATE COUNCIL OF EDUCATIONAL RESEARCH AND TRAINING (SCERT)**Vidyabhavan, Poojappura, Thiruvananthapuram
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Institution)***NURTURING MATHEMATICAL TALENTS IN SCHOOLS (NuMATS)****State Level Aptitude Test – 2017****ROLL No:****IDENTIFICATION CERTIFICATE**

Name of the candidate	
Name of the School	
Name of the Revenue District	

Full Postal Address of Candidate *(To be filled by candidate)*

_____ Pin Code _____ Contact Ph. No. _____

Date of Examination

Venue of Examination :

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an Institute of SCERT Kerala**ROLL No:1117051****ADMISSION CARD**

Name of the candidate	NAJAFATHIMA
Name of the School	MANNATHKAV UPS
Name of the Revenue District	Kozhikode

Full Postal Address of Candidate *(To be filled by candidate)*

_____ Pin Code _____

Date of Examination : **04.02.2017** from 10.30am to 11.30amVenue of Examination : **GANAPATH GIRLS HSS CHALAPPURAM****Attested by the Head of the School** *(with Office Seal)***Signature of the Candidate****STATE COUNCIL OF EDUCATIONAL RESEARCH AND TRAINING (SCERT)**Vidyabhavan, Poojappura, Thiruvananthapuram
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Institution)***NURTURING MATHEMATICAL TALENTS IN SCHOOLS (NuMATS)****State Level Aptitude Test – 2017****ROLL No:****IDENTIFICATION CERTIFICATE**

Name of the candidate	
Name of the School	
Name of the Revenue District	

Full Postal Address of Candidate *(To be filled by candidate)*

_____ Pin Code _____ Contact Ph. No. _____

Date of Examination

Venue of Examination :

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Name of the candidate	AVANTHIKA.R
Name of the School	CHEENAM VEED UPS
Name of the Revenue District	Kozhikode

Full Postal Address of Candidate *(To be filled by candidate)*

_____ Pin Code _____

Date of Examination : **04.02.2017** from 10.30am to 11.30amVenue of Examination : **GANAPATH GIRLS HSS CHALAPPURAM****Attested by the Head of the School** *(with Office Seal)***Signature of the Candidate****STATE COUNCIL OF EDUCATIONAL RESEARCH AND TRAINING (SCERT)**Vidyabhavan, Poojappura, Thiruvananthapuram
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Name of the candidate	
Name of the School	
Name of the Revenue District	

Full Postal Address of Candidate *(To be filled by candidate)*

_____ Pin Code _____ Contact Ph. No. _____

Date of Examination

Venue of Examination :

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an Institute of SCERT Kerala**ROLL No:1117053****ADMISSION CARD**

Name of the candidate	NEERAJ.N
Name of the School	CHEENAM VEED UPS
Name of the Revenue District	Kozhikode

Full Postal Address of Candidate *(To be filled by candidate)*

_____ Pin Code _____

Date of Examination : **04.02.2017** from 10.30am to 11.30amVenue of Examination : **GANAPATH GIRLS HSS CHALAPPURAM****Attested by the Head of the School** *(with Office Seal)***Signature of the Candidate****STATE COUNCIL OF EDUCATIONAL RESEARCH AND TRAINING (SCERT)**Vidyabhavan, Poojappura, Thiruvananthapuram
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Name of the candidate	
Name of the School	
Name of the Revenue District	

Full Postal Address of Candidate *(To be filled by candidate)*

_____ Pin Code _____ Contact Ph. No. _____

Date of Examination

Venue of Examination :

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an Institute of SCERT Kerala**ROLL No:1117054****ADMISSION CARD**

Name of the candidate	SAYANTH C S
Name of the School	GFUPS KOYILANDY
Name of the Revenue District	Kozhikode

Full Postal Address of Candidate *(To be filled by candidate)*

_____ Pin Code _____

Date of Examination : **04.02.2017** from 10.30am to 11.30amVenue of Examination : **GANAPATH GIRLS HSS CHALAPPURAM****Attested by the Head of the School** *(with Office Seal)***Signature of the Candidate****STATE COUNCIL OF EDUCATIONAL RESEARCH AND TRAINING (SCERT)**Vidyabhavan, Poojappura, Thiruvananthapuram
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Head of the
Institution)***NURTURING MATHEMATICAL TALENTS IN SCHOOLS (NuMATS)****State Level Aptitude Test – 2017****ROLL No:****IDENTIFICATION CERTIFICATE**

Name of the candidate	
Name of the School	
Name of the Revenue District	

Full Postal Address of Candidate *(To be filled by candidate)*

_____ Pin Code _____ Contact Ph. No. _____

Date of Examination

Venue of Examination :

Attested by the Head of the School *(with Office Seal)***Signature of the Candidate**

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an Institute of SCERT Kerala**ROLL No:1117055****ADMISSION CARD**

Name of the candidate	ABHIJITHLAL
Name of the School	KOLLAM UPS
Name of the Revenue District	Kozhikode

Full Postal Address of Candidate *(To be filled by candidate)*

_____ Pin Code _____

Date of Examination : **04.02.2017** from 10.30am to 11.30amVenue of Examination : **GANAPATH GIRLS HSS CHALAPPURAM****Attested by the Head of the School** *(with Office Seal)***Signature of the Candidate****STATE COUNCIL OF EDUCATIONAL RESEARCH AND TRAINING (SCERT)**Vidyabhavan, Poojappura, Thiruvananthapuram
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Head of the
Institution)***NURTURING MATHEMATICAL TALENTS IN SCHOOLS (NuMATS)****State Level Aptitude Test – 2017****ROLL No:****IDENTIFICATION CERTIFICATE**

Name of the candidate	
Name of the School	
Name of the Revenue District	

Full Postal Address of Candidate *(To be filled by candidate)*

_____ Pin Code _____ Contact Ph. No. _____

Date of Examination

Venue of Examination :

Attested by the Head of the School *(with Office Seal)***Signature of the Candidate**

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an Institute of SCERT Kerala**ROLL No:1117056****ADMISSION CARD**

Name of the candidate	THEJASREYA
Name of the School	KAVUMVATTAM MUPS
Name of the Revenue District	Kozhikode

Full Postal Address of Candidate *(To be filled by candidate)*

_____ Pin Code _____

Date of Examination : **04.02.2017** from 10.30am to 11.30amVenue of Examination : **GANAPATH GIRLS HSS CHALAPPURAM****Attested by the Head of the School** *(with Office Seal)***Signature of the Candidate****STATE COUNCIL OF EDUCATIONAL RESEARCH AND TRAINING (SCERT)**Vidyabhavan, Poojappura, Thiruvananthapuram
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Institution)***NURTURING MATHEMATICAL TALENTS IN SCHOOLS (NuMATS)****State Level Aptitude Test – 2017****ROLL No:****IDENTIFICATION CERTIFICATE**

Name of the candidate	
Name of the School	
Name of the Revenue District	

Full Postal Address of Candidate *(To be filled by candidate)*

_____ Pin Code _____ Contact Ph. No. _____

Date of Examination

Venue of Examination :

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an Institute of SCERT Kerala**ROLL No:1117057****ADMISSION CARD**

Name of the candidate	AVANIJA.C
Name of the School	Arikkulam AUPS
Name of the Revenue District	Kozhikode

Full Postal Address of Candidate *(To be filled by candidate)*

_____ Pin Code _____

Date of Examination : **04.02.2017** from 10.30am to 11.30amVenue of Examination : **GANAPATH GIRLS HSS CHALAPPURAM****Attested by the Head of the School** *(with Office Seal)***Signature of the Candidate****STATE COUNCIL OF EDUCATIONAL RESEARCH AND TRAINING (SCERT)**Vidyabhavan, Poojappura, Thiruvananthapuram
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Institution)***NURTURING MATHEMATICAL TALENTS IN SCHOOLS (NuMATS)****State Level Aptitude Test – 2017****ROLL No:****IDENTIFICATION CERTIFICATE**

Name of the candidate	
Name of the School	
Name of the Revenue District	

Full Postal Address of Candidate *(To be filled by candidate)*

_____ Pin Code _____ Contact Ph. No. _____

Date of Examination

Venue of Examination :

Attested by the Head of the School *(with Office Seal)***Signature of the Candidate**

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Institution)***NURTURING MATHEMATICAL TALENTS IN SCHOOLS (NuMATS)****State Level Aptitude Test – 2017****NuMATS**
an Institute of SCERT Kerala**ROLL No:1117058****ADMISSION CARD**

Name of the candidate	SANDHYA J S
Name of the School	Arikkulam AUPS
Name of the Revenue District	Kozhikode

Full Postal Address of Candidate *(To be filled by candidate)*

_____ Pin Code _____

Date of Examination : **04.02.2017** from 10.30am to 11.30amVenue of Examination : **GANAPATH GIRLS HSS CHALAPPURAM****Attested by the Head of the School** *(with Office Seal)***Signature of the Candidate****STATE COUNCIL OF EDUCATIONAL RESEARCH AND TRAINING (SCERT)**Vidyabhavan, Poojappura, Thiruvananthapuram
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Institution)***NURTURING MATHEMATICAL TALENTS IN SCHOOLS (NuMATS)****State Level Aptitude Test – 2017****ROLL No:****IDENTIFICATION CERTIFICATE**

Name of the candidate	
Name of the School	
Name of the Revenue District	

Full Postal Address of Candidate *(To be filled by candidate)*

_____ Pin Code _____ Contact Ph. No. _____

Date of Examination

Venue of Examination :

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an Institute of SCERT Kerala**ROLL No:1117059****ADMISSION CARD**

Name of the candidate	VALMEEK.M.S
Name of the School	K.K.Kidav Memorial UPS
Name of the Revenue District	Kozhikode

Full Postal Address of Candidate *(To be filled by candidate)*

_____ Pin Code _____

Date of Examination : **04.02.2017** from 10.30am to 11.30amVenue of Examination : **GANAPATH GIRLS HSS CHALAPPURAM****Attested by the Head of the School** *(with Office Seal)***Signature of the Candidate****STATE COUNCIL OF EDUCATIONAL RESEARCH AND TRAINING (SCERT)**Vidyabhavan, Poojappura, Thiruvananthapuram
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Name of the candidate	
Name of the School	
Name of the Revenue District	

Full Postal Address of Candidate *(To be filled by candidate)*

_____ Pin Code _____ Contact Ph. No. _____

Date of Examination

Venue of Examination :

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an Institute of SCERT Kerala**ROLL No:1117060****ADMISSION CARD**

Name of the candidate	MANJURAJ.C
Name of the School	Arikkulam AUPS
Name of the Revenue District	Kozhikode

Full Postal Address of Candidate *(To be filled by candidate)*

_____ Pin Code _____

Date of Examination : **04.02.2017** from 10.30am to 11.30amVenue of Examination : **GANAPATH GIRLS HSS CHALAPPURAM****Attested by the Head of the School** *(with Office Seal)***Signature of the Candidate****STATE COUNCIL OF EDUCATIONAL RESEARCH AND TRAINING (SCERT)**Vidyabhavan, Poojappura, Thiruvananthapuram
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Name of the candidate	
Name of the School	
Name of the Revenue District	

Full Postal Address of Candidate *(To be filled by candidate)*

_____ Pin Code _____ Contact Ph. No. _____

Date of Examination

Venue of Examination :

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an Institute of SCERT Kerala**ROLL No:1117061****ADMISSION CARD**

Name of the candidate	ASHIR MUBARAK K.TNEDIYANAD AUPS
Name of the School	NEDIYANAD AUPS
Name of the Revenue District	Kozhikode

Full Postal Address of Candidate *(To be filled by candidate)*

_____ Pin Code _____

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Head of the
Institution)***NURTURING MATHEMATICAL TALENTS IN SCHOOLS (NuMATS)****State Level Aptitude Test – 2017****ROLL No:****IDENTIFICATION CERTIFICATE**

Name of the candidate	
Name of the School	
Name of the Revenue District	

Full Postal Address of Candidate *(To be filled by candidate)*

_____ Pin Code _____ Contact Ph. No. _____

Date of Examination

Venue of Examination :

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Institution)***NURTURING MATHEMATICAL TALENTS IN SCHOOLS (NuMATS)****State Level Aptitude Test – 2017****NuMATS**
an initiative of SCERT Kerala**ROLL No:1117062****ADMISSION CARD**

Name of the candidate	AMNA HUDA C. P
Name of the School	HASANIYA AUPS
Name of the Revenue District	Kozhikode

Full Postal Address of Candidate *(To be filled by candidate)*

_____ Pin Code _____

Date of Examination : **04.02.2017** from 10.30am to 11.30amVenue of Examination : **GANAPATH GIRLS HSS CHALAPPURAM****Attested by the Head of the School** *(with Office Seal)***Signature of the Candidate****STATE COUNCIL OF EDUCATIONAL RESEARCH AND TRAINING (SCERT)**Vidyabhavan, Poojappura, Thiruvananthapuram
Kerala-695 012. Website www.scert.kerala.gov.in, e-mail scertkerala@gmail.com*Passport size
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(The photograph
should be
endorsed by the
Head of the
Institution)***NURTURING MATHEMATICAL TALENTS IN SCHOOLS (NuMATS)****State Level Aptitude Test – 2017****ROLL No:****IDENTIFICATION CERTIFICATE**

Name of the candidate	
Name of the School	
Name of the Revenue District	

Full Postal Address of Candidate *(To be filled by candidate)*

_____ Pin Code _____ Contact Ph. No. _____

Date of Examination

Venue of Examination :

Attested by the Head of the School *(with Office Seal)***Signature of the Candidate**

**STATE COUNCIL OF EDUCATIONAL RESEARCH AND TRAINING (SCERT)**Vidyabhavan, Poojappura, Thiruvananthapuram
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endorsed by the
Head of the
Institution)***State Level Aptitude Test – 2017****NuMATS**
an Institute of SCERT Kerala**ROLL No:1117063****ADMISSION CARD**

Name of the candidate	NASEEJA MINNATH
Name of the School	GHS PANNUR
Name of the Revenue District	Kozhikode

Full Postal Address of Candidate *(To be filled by candidate)*

_____ Pin Code _____

Date of Examination : **04.02.2017** from 10.30am to 11.30amVenue of Examination : **GANAPATH GIRLS HSS CHALAPPURAM****Attested by the Head of the School** *(with Office Seal)***Signature of the Candidate****STATE COUNCIL OF EDUCATIONAL RESEARCH AND TRAINING (SCERT)**Vidyabhavan, Poojappura, Thiruvananthapuram
Kerala-695 012. Website www.scert.kerala.gov.in, e-mail scertkerala@gmail.com**NURTURING MATHEMATICAL TALENTS IN SCHOOLS (NuMATS)***Passport size
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(The photograph
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Head of the
Institution)***State Level Aptitude Test – 2017****ROLL No:****IDENTIFICATION CERTIFICATE**

Name of the candidate	
Name of the School	
Name of the Revenue District	

Full Postal Address of Candidate *(To be filled by candidate)*

_____ Pin Code _____ Contact Ph. No. _____

Date of Examination

Venue of Examination :

Attested by the Head of the School *(with Office Seal)***Signature of the Candidate**

**STATE COUNCIL OF EDUCATIONAL RESEARCH AND TRAINING (SCERT)**Vidyabhavan, Poojappura, Thiruvananthapuram
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Institution)***NURTURING MATHEMATICAL TALENTS IN SCHOOLS (NuMATS)****State Level Aptitude Test – 2017****NuMATS**
an Institute of SCERT Kerala**ROLL No:1117064****ADMISSION CARD**

Name of the candidate	FIDA FEBIN K P
Name of the School	GMUP VENNAKKAD
Name of the Revenue District	Kozhikode

Full Postal Address of Candidate *(To be filled by candidate)*

_____ Pin Code _____

Date of Examination : **04.02.2017** from 10.30am to 11.30amVenue of Examination : **GANAPATH GIRLS HSS CHALAPPURAM****Attested by the Head of the School** *(with Office Seal)***Signature of the Candidate****STATE COUNCIL OF EDUCATIONAL RESEARCH AND TRAINING (SCERT)**Vidyabhavan, Poojappura, Thiruvananthapuram
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photograph
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Head of the
Institution)***NURTURING MATHEMATICAL TALENTS IN SCHOOLS (NuMATS)****State Level Aptitude Test – 2017****ROLL No:****IDENTIFICATION CERTIFICATE**

Name of the candidate	
Name of the School	
Name of the Revenue District	

Full Postal Address of Candidate *(To be filled by candidate)*

_____ Pin Code _____ Contact Ph. No. _____

Date of Examination

Venue of Examination :

Attested by the Head of the School *(with Office Seal)***Signature of the Candidate**

**STATE COUNCIL OF EDUCATIONAL RESEARCH AND TRAINING (SCERT)**Vidyabhavan, Poojappura, Thiruvananthapuram
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an initiative of SCERT Kerala**ROLL No:1117065****ADMISSION CARD**

Name of the candidate	MUHAMMED HASHIR
Name of the School	GMUP VENNAKKAD
Name of the Revenue District	Kozhikode

Full Postal Address of Candidate *(To be filled by candidate)*

_____ Pin Code _____

Date of Examination : **04.02.2017** from 10.30am to 11.30amVenue of Examination : **GANAPATH GIRLS HSS CHALAPPURAM****Attested by the Head of the School** *(with Office Seal)***Signature of the Candidate****STATE COUNCIL OF EDUCATIONAL RESEARCH AND TRAINING (SCERT)**Vidyabhavan, Poojappura, Thiruvananthapuram
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Institution)***NURTURING MATHEMATICAL TALENTS IN SCHOOLS (NuMATS)****State Level Aptitude Test – 2017****ROLL No:****IDENTIFICATION CERTIFICATE**

Name of the candidate	
Name of the School	
Name of the Revenue District	

Full Postal Address of Candidate *(To be filled by candidate)*

_____ Pin Code _____ Contact Ph. No. _____

Date of Examination

Venue of Examination :

Attested by the Head of the School *(with Office Seal)***Signature of the Candidate**

**STATE COUNCIL OF EDUCATIONAL RESEARCH AND TRAINING (SCERT)**Vidyabhavan, Poojappura, Thiruvananthapuram
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an Institute of SCERT Kerala**ROLL No:1117066****ADMISSION CARD**

Name of the candidate	JESTIMA V
Name of the School	GMUP VENNAKKAD
Name of the Revenue District	Kozhikode

Full Postal Address of Candidate *(To be filled by candidate)*

_____ Pin Code _____

Date of Examination : **04.02.2017** from 10.30am to 11.30amVenue of Examination : **GANAPATH GIRLS HSS CHALAPPURAM****Attested by the Head of the School** *(with Office Seal)***Signature of the Candidate****STATE COUNCIL OF EDUCATIONAL RESEARCH AND TRAINING (SCERT)**Vidyabhavan, Poojappura, Thiruvananthapuram
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Institution)***NURTURING MATHEMATICAL TALENTS IN SCHOOLS (NuMATS)****State Level Aptitude Test – 2017****ROLL No:****IDENTIFICATION CERTIFICATE**

Name of the candidate	
Name of the School	
Name of the Revenue District	

Full Postal Address of Candidate *(To be filled by candidate)*

_____ Pin Code _____ Contact Ph. No. _____

Date of Examination

Venue of Examination :

Attested by the Head of the School *(with Office Seal)***Signature of the Candidate**

**STATE COUNCIL OF EDUCATIONAL RESEARCH AND TRAINING (SCERT)**Vidyabhavan, Poojappura, Thiruvananthapuram
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Institution)***NURTURING MATHEMATICAL TALENTS IN SCHOOLS (NuMATS)****State Level Aptitude Test – 2017****NuMATS**
an initiative of SCERT Kerala**ROLL No:1117067****ADMISSION CARD**

Name of the candidate	ABHAY CHANDRAN
Name of the School	GHS PANNUR
Name of the Revenue District	Kozhikode

Full Postal Address of Candidate *(To be filled by candidate)*

_____ Pin Code _____

Date of Examination : **04.02.2017** from 10.30am to 11.30amVenue of Examination : **GANAPATH GIRLS HSS CHALAPPURAM****Attested by the Head of the School** *(with Office Seal)***Signature of the Candidate****STATE COUNCIL OF EDUCATIONAL RESEARCH AND TRAINING (SCERT)**Vidyabhavan, Poojappura, Thiruvananthapuram
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Institution)***NURTURING MATHEMATICAL TALENTS IN SCHOOLS (NuMATS)****State Level Aptitude Test – 2017****ROLL No:****IDENTIFICATION CERTIFICATE**

Name of the candidate	
Name of the School	
Name of the Revenue District	

Full Postal Address of Candidate *(To be filled by candidate)*

_____ Pin Code _____ Contact Ph. No. _____

Date of Examination

Venue of Examination :

Attested by the Head of the School *(with Office Seal)***Signature of the Candidate**

**STATE COUNCIL OF EDUCATIONAL RESEARCH AND TRAINING (SCERT)**Vidyabhavan, Poojappura, Thiruvananthapuram
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an initiative of SCERT Kerala**ROLL No:1117068****ADMISSION CARD**

Name of the candidate	ALAPDIL . S
Name of the School	ERAVANNUR AUP
Name of the Revenue District	Kozhikode

Full Postal Address of Candidate *(To be filled by candidate)*

_____ Pin Code _____

Date of Examination : **04.02.2017** from 10.30am to 11.30amVenue of Examination : **GANAPATH GIRLS HSS CHALAPPURAM****Attested by the Head of the School** *(with Office Seal)***Signature of the Candidate****STATE COUNCIL OF EDUCATIONAL RESEARCH AND TRAINING (SCERT)**Vidyabhavan, Poojappura, Thiruvananthapuram
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Institution)***NURTURING MATHEMATICAL TALENTS IN SCHOOLS (NuMATS)****State Level Aptitude Test – 2017****ROLL No:****IDENTIFICATION CERTIFICATE**

Name of the candidate	
Name of the School	
Name of the Revenue District	

Full Postal Address of Candidate *(To be filled by candidate)*

_____ Pin Code _____ Contact Ph. No. _____

Date of Examination

Venue of Examination :

Attested by the Head of the School *(with Office Seal)***Signature of the Candidate**

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an Institute of SCERT Kerala**ROLL No:1117069****ADMISSION CARD**

Name of the candidate	NIRANJANA.S
Name of the School	SAVIO HSS DEVAGIRI
Name of the Revenue District	Kozhikode

Full Postal Address of Candidate *(To be filled by candidate)*

_____ Pin Code _____

Date of Examination : **04.02.2017** from 10.30am to 11.30amVenue of Examination : **GANAPATH GIRLS HSS CHALAPPURAM****Attested by the Head of the School** *(with Office Seal)***Signature of the Candidate****STATE COUNCIL OF EDUCATIONAL RESEARCH AND TRAINING (SCERT)**Vidyabhavan, Poojappura, Thiruvananthapuram
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Head of the
Institution)***NURTURING MATHEMATICAL TALENTS IN SCHOOLS (NuMATS)****State Level Aptitude Test – 2017****ROLL No:****IDENTIFICATION CERTIFICATE**

Name of the candidate	
Name of the School	
Name of the Revenue District	

Full Postal Address of Candidate *(To be filled by candidate)*

_____ Pin Code _____ Contact Ph. No. _____

Date of Examination

Venue of Examination :

Attested by the Head of the School *(with Office Seal)***Signature of the Candidate**

**STATE COUNCIL OF EDUCATIONAL RESEARCH AND TRAINING (SCERT)**Vidyabhavan, Poojappura, Thiruvananthapuram
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endorsed by the
Head of the
Institution)***NURTURING MATHEMATICAL TALENTS IN SCHOOLS (NuMATS)****State Level Aptitude Test – 2017****NuMATS**
an Institute of SCERT Kerala**ROLL No:1117070****ADMISSION CARD**

Name of the candidate	NEERAJ.K.S
Name of the School	SAVIO HSS DEVAGIEI
Name of the Revenue District	Kozhikode

Full Postal Address of Candidate *(To be filled by candidate)*

_____ Pin Code _____

Date of Examination : **04.02.2017** from 10.30am to 11.30amVenue of Examination : **GANAPATH GIRLS HSS CHALAPPURAM****Attested by the Head of the School** *(with Office Seal)***Signature of the Candidate****STATE COUNCIL OF EDUCATIONAL RESEARCH AND TRAINING (SCERT)**Vidyabhavan, Poojappura, Thiruvananthapuram
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should be
endorsed by the
Head of the
Institution)***NURTURING MATHEMATICAL TALENTS IN SCHOOLS (NuMATS)****State Level Aptitude Test – 2017****ROLL No:****IDENTIFICATION CERTIFICATE**

Name of the candidate	
Name of the School	
Name of the Revenue District	

Full Postal Address of Candidate *(To be filled by candidate)*

_____ Pin Code _____ Contact Ph. No. _____

Date of Examination

Venue of Examination :

Attested by the Head of the School *(with Office Seal)***Signature of the Candidate**

**STATE COUNCIL OF EDUCATIONAL RESEARCH AND TRAINING (SCERT)**Vidyabhavan, Poojappura, Thiruvananthapuram
Kerala-695 012. Website www.scert.kerala.gov.in, e-mail scertkerala@gmail.com*Passport size
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Institution)***NURTURING MATHEMATICAL TALENTS IN SCHOOLS (NuMATS)****State Level Aptitude Test – 2017****NuMATS**
an Institute of SCERT Kerala**ROLL No:1117071****ADMISSION CARD**

Name of the candidate	ADARSH.E.P
Name of the School	SAVIO HSS DEVAGIEI
Name of the Revenue District	Kozhikode

Full Postal Address of Candidate *(To be filled by candidate)*

_____ Pin Code _____

Date of Examination : **04.02.2017** from 10.30am to 11.30amVenue of Examination : **GANAPATH GIRLS HSS CHALAPPURAM****Attested by the Head of the School** *(with Office Seal)***Signature of the Candidate****STATE COUNCIL OF EDUCATIONAL RESEARCH AND TRAINING (SCERT)**Vidyabhavan, Poojappura, Thiruvananthapuram
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Head of the
Institution)***NURTURING MATHEMATICAL TALENTS IN SCHOOLS (NuMATS)****State Level Aptitude Test – 2017****ROLL No:****IDENTIFICATION CERTIFICATE**

Name of the candidate	
Name of the School	
Name of the Revenue District	

Full Postal Address of Candidate *(To be filled by candidate)*

_____ Pin Code _____ Contact Ph. No. _____

Date of Examination

Venue of Examination :

Attested by the Head of the School *(with Office Seal)***Signature of the Candidate**

**STATE COUNCIL OF EDUCATIONAL RESEARCH AND TRAINING (SCERT)**Vidyabhavan, Poojappura, Thiruvananthapuram
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an Institute of SCERT Kerala**ROLL No:1117072****ADMISSION CARD**

Name of the candidate	SANITH.C
Name of the School	ST.XAVIERSS UPS PERUVAYAL
Name of the Revenue District	Kozhikode

Full Postal Address of Candidate *(To be filled by candidate)*

_____ Pin Code _____

Date of Examination : **04.02.2017** from 10.30am to 11.30amVenue of Examination : **GANAPATH GIRLS HSS CHALAPPURAM****Attested by the Head of the School** *(with Office Seal)***Signature of the Candidate****STATE COUNCIL OF EDUCATIONAL RESEARCH AND TRAINING (SCERT)**Vidyabhavan, Poojappura, Thiruvananthapuram
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Head of the
Institution)***NURTURING MATHEMATICAL TALENTS IN SCHOOLS (NuMATS)****State Level Aptitude Test – 2017****ROLL No:****IDENTIFICATION CERTIFICATE**

Name of the candidate	
Name of the School	
Name of the Revenue District	

Full Postal Address of Candidate *(To be filled by candidate)*

_____ Pin Code _____ Contact Ph. No. _____

Date of Examination

Venue of Examination :

Attested by the Head of the School *(with Office Seal)***Signature of the Candidate**

**STATE COUNCIL OF EDUCATIONAL RESEARCH AND TRAINING (SCERT)**Vidyabhavan, Poojappura, Thiruvananthapuram
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Institution)***NURTURING MATHEMATICAL TALENTS IN SCHOOLS (NuMATS)****State Level Aptitude Test – 2017****NuMATS**
an initiative of SCERT Kerala**ROLL No:1117073****ADMISSION CARD**

Name of the candidate	MUHAMMED RISVAN.K
Name of the School	KAMBILIPARAMBA AMUPS
Name of the Revenue District	Kozhikode

Full Postal Address of Candidate *(To be filled by candidate)*

_____ Pin Code _____

Date of Examination : **04.02.2017** from 10.30am to 11.30amVenue of Examination : **GANAPATH GIRLS HSS CHALAPPURAM****Attested by the Head of the School** *(with Office Seal)***Signature of the Candidate****STATE COUNCIL OF EDUCATIONAL RESEARCH AND TRAINING (SCERT)**Vidyabhavan, Poojappura, Thiruvananthapuram
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endorsed by the
Head of the
Institution)***NURTURING MATHEMATICAL TALENTS IN SCHOOLS (NuMATS)****State Level Aptitude Test – 2017****ROLL No:****IDENTIFICATION CERTIFICATE**

Name of the candidate	
Name of the School	
Name of the Revenue District	

Full Postal Address of Candidate *(To be filled by candidate)*

_____ Pin Code _____ Contact Ph. No. _____

Date of Examination

Venue of Examination :

Attested by the Head of the School *(with Office Seal)***Signature of the Candidate**

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Head of the
Institution)***NURTURING MATHEMATICAL TALENTS IN SCHOOLS (NuMATS)****State Level Aptitude Test – 2017****NuMATS**
an Institute of SCERT Kerala**ROLL No:1117074****ADMISSION CARD**

Name of the candidate	SANU.V
Name of the School	ST.XAVIERSS UPS PERUVAYAL
Name of the Revenue District	Kozhikode

Full Postal Address of Candidate *(To be filled by candidate)*

_____ Pin Code _____

Date of Examination : **04.02.2017** from 10.30am to 11.30amVenue of Examination : **GANAPATH GIRLS HSS CHALAPPURAM****Attested by the Head of the School** *(with Office Seal)***Signature of the Candidate****STATE COUNCIL OF EDUCATIONAL RESEARCH AND TRAINING (SCERT)**Vidyabhavan, Poojappura, Thiruvananthapuram
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Head of the
Institution)***NURTURING MATHEMATICAL TALENTS IN SCHOOLS (NuMATS)****State Level Aptitude Test – 2017****ROLL No:****IDENTIFICATION CERTIFICATE**

Name of the candidate	
Name of the School	
Name of the Revenue District	

Full Postal Address of Candidate *(To be filled by candidate)*

_____ Pin Code _____ Contact Ph. No. _____

Date of Examination

Venue of Examination :

Attested by the Head of the School *(with Office Seal)***Signature of the Candidate**

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an Institute of SCERT Kerala**ROLL No:1117075****ADMISSION CARD**

Name of the candidate	ABHIJITH.K.S
Name of the School	GUPS MANAKKAD
Name of the Revenue District	Kozhikode

Full Postal Address of Candidate *(To be filled by candidate)*

_____ Pin Code _____

Date of Examination : **04.02.2017** from 10.30am to 11.30amVenue of Examination : **GANAPATH GIRLS HSS CHALAPPURAM****Attested by the Head of the School** *(with Office Seal)***Signature of the Candidate****STATE COUNCIL OF EDUCATIONAL RESEARCH AND TRAINING (SCERT)**Vidyabhavan, Poojappura, Thiruvananthapuram
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Head of the
Institution)***NURTURING MATHEMATICAL TALENTS IN SCHOOLS (NuMATS)****State Level Aptitude Test – 2017****ROLL No:****IDENTIFICATION CERTIFICATE**

Name of the candidate	
Name of the School	
Name of the Revenue District	

Full Postal Address of Candidate *(To be filled by candidate)*

_____ Pin Code _____ Contact Ph. No. _____

Date of Examination

Venue of Examination :

Attested by the Head of the School *(with Office Seal)***Signature of the Candidate**

**STATE COUNCIL OF EDUCATIONAL RESEARCH AND TRAINING (SCERT)**Vidyabhavan, Poojappura, Thiruvananthapuram
Kerala-695 012. Website www.scert.kerala.gov.in, e-mail scertkerala@gmail.com**NURTURING MATHEMATICAL TALENTS IN SCHOOLS (NuMATS)***Passport size
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Head of the
Institution)***State Level Aptitude Test – 2017****NuMATS**
an Institute of SCERT Kerala**ROLL No:1117076****ADMISSION CARD**

Name of the candidate	VASUDEV.K.K
Name of the School	GUPS MANAKKAD
Name of the Revenue District	Kozhikode

Full Postal Address of Candidate *(To be filled by candidate)*

_____ Pin Code _____

Date of Examination : **04.02.2017** from 10.30am to 11.30amVenue of Examination : **GANAPATH GIRLS HSS CHALAPPURAM****Attested by the Head of the School** *(with Office Seal)***Signature of the Candidate****STATE COUNCIL OF EDUCATIONAL RESEARCH AND TRAINING (SCERT)**Vidyabhavan, Poojappura, Thiruvananthapuram
Kerala-695 012. Website www.scert.kerala.gov.in, e-mail scertkerala@gmail.com**NURTURING MATHEMATICAL TALENTS IN SCHOOLS (NuMATS)***Passport size
photograph
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endorsed by the
Head of the
Institution)***State Level Aptitude Test – 2017****ROLL No:****IDENTIFICATION CERTIFICATE**

Name of the candidate	
Name of the School	
Name of the Revenue District	

Full Postal Address of Candidate *(To be filled by candidate)*

_____ Pin Code _____ Contact Ph. No. _____

Date of Examination

Venue of Examination :

Attested by the Head of the School *(with Office Seal)***Signature of the Candidate**

**STATE COUNCIL OF EDUCATIONAL RESEARCH AND TRAINING (SCERT)**Vidyabhavan, Poojappura, Thiruvananthapuram
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Institution)***NURTURING MATHEMATICAL TALENTS IN SCHOOLS (NuMATS)****State Level Aptitude Test – 2017****NuMATS**
an Institute of SCERT Kerala**ROLL No:1117077****ADMISSION CARD**

Name of the candidate	KARTHIK.T.V
Name of the School	ST.XAVIERSS UPS PERUVAYAL
Name of the Revenue District	Kozhikode

Full Postal Address of Candidate *(To be filled by candidate)*

_____ Pin Code _____

Date of Examination : **04.02.2017** from 10.30am to 11.30amVenue of Examination : **GANAPATH GIRLS HSS CHALAPPURAM****Attested by the Head of the School** *(with Office Seal)***Signature of the Candidate****STATE COUNCIL OF EDUCATIONAL RESEARCH AND TRAINING (SCERT)**Vidyabhavan, Poojappura, Thiruvananthapuram
Kerala-695 012. Website www.scert.kerala.gov.in, e-mail scertkerala@gmail.com*Passport size
photograph
(The photograph
should be
endorsed by the
Head of the
Institution)***NURTURING MATHEMATICAL TALENTS IN SCHOOLS (NuMATS)****State Level Aptitude Test – 2017****ROLL No:****IDENTIFICATION CERTIFICATE**

Name of the candidate	
Name of the School	
Name of the Revenue District	

Full Postal Address of Candidate *(To be filled by candidate)*

_____ Pin Code _____ Contact Ph. No. _____

Date of Examination

Venue of Examination :

Attested by the Head of the School *(with Office Seal)***Signature of the Candidate**

**STATE COUNCIL OF EDUCATIONAL RESEARCH AND TRAINING (SCERT)**Vidyabhavan, Poojappura, Thiruvananthapuram
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Head of the
Institution)***NURTURING MATHEMATICAL TALENTS IN SCHOOLS (NuMATS)****State Level Aptitude Test – 2017****NuMATS**
an initiative of SCERT Kerala**ROLL No:1117078****ADMISSION CARD**

Name of the candidate	GOURI NANDANA
Name of the School	CCUPS NADAPURAM
Name of the Revenue District	Kozhikode

Full Postal Address of Candidate *(To be filled by candidate)*

_____ Pin Code _____

Date of Examination : **04.02.2017** from 10.30am to 11.30amVenue of Examination : **GANAPATH GIRLS HSS CHALAPPURAM****Attested by the Head of the School** *(with Office Seal)***Signature of the Candidate****STATE COUNCIL OF EDUCATIONAL RESEARCH AND TRAINING (SCERT)**Vidyabhavan, Poojappura, Thiruvananthapuram
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Name of the candidate	
Name of the School	
Name of the Revenue District	

Full Postal Address of Candidate *(To be filled by candidate)*

_____ Pin Code _____ Contact Ph. No. _____

Date of Examination

Venue of Examination :

Attested by the Head of the School *(with Office Seal)***Signature of the Candidate**

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Institution)***NURTURING MATHEMATICAL TALENTS IN SCHOOLS (NuMATS)****State Level Aptitude Test – 2017****NuMATS**
an Institute of SCERT Kerala**ROLL No:1117079****ADMISSION CARD**

Name of the candidate	ADITHYAN.K.P
Name of the School	GUPS NADAPURAM
Name of the Revenue District	Kozhikode

Full Postal Address of Candidate *(To be filled by candidate)*

_____ Pin Code _____

Date of Examination : **04.02.2017** from 10.30am to 11.30amVenue of Examination : **GANAPATH GIRLS HSS CHALAPPURAM****Attested by the Head of the School** *(with Office Seal)***Signature of the Candidate****STATE COUNCIL OF EDUCATIONAL RESEARCH AND TRAINING (SCERT)**Vidyabhavan, Poojappura, Thiruvananthapuram
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Name of the candidate	
Name of the School	
Name of the Revenue District	

Full Postal Address of Candidate *(To be filled by candidate)*

_____ Pin Code _____ Contact Ph. No. _____

Date of Examination

Venue of Examination :

Attested by the Head of the School *(with Office Seal)***Signature of the Candidate**

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Institution)***NURTURING MATHEMATICAL TALENTS IN SCHOOLS (NuMATS)****State Level Aptitude Test – 2017****NuMATS**
an Institute of SCERT Kerala**ROLL No:1117080****ADMISSION CARD**

Name of the candidate	RANJU RAJESH
Name of the School	ST.GEORGE HS VILANGAD
Name of the Revenue District	Kozhikode

Full Postal Address of Candidate *(To be filled by candidate)*

_____ Pin Code _____

Date of Examination : **04.02.2017** from 10.30am to 11.30amVenue of Examination : **GANAPATH GIRLS HSS CHALAPPURAM****Attested by the Head of the School** *(with Office Seal)***Signature of the Candidate****STATE COUNCIL OF EDUCATIONAL RESEARCH AND TRAINING (SCERT)**Vidyabhavan, Poojappura, Thiruvananthapuram
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Name of the candidate	
Name of the School	
Name of the Revenue District	

Full Postal Address of Candidate *(To be filled by candidate)*

_____ Pin Code _____ Contact Ph. No. _____

Date of Examination

Venue of Examination :

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Institution)***NURTURING MATHEMATICAL TALENTS IN SCHOOLS (NuMATS)****State Level Aptitude Test – 2017****NuMATS**
an Institute of SCERT Kerala**ROLL No:1117081****ADMISSION CARD**

Name of the candidate	PRANAV SUDHEER
Name of the School	VALAYAM UPS
Name of the Revenue District	Kozhikode

Full Postal Address of Candidate *(To be filled by candidate)*

_____ Pin Code _____

Date of Examination : **04.02.2017** from 10.30am to 11.30amVenue of Examination : **GANAPATH GIRLS HSS CHALAPPURAM****Attested by the Head of the School** *(with Office Seal)***Signature of the Candidate****STATE COUNCIL OF EDUCATIONAL RESEARCH AND TRAINING (SCERT)**Vidyabhavan, Poojappura, Thiruvananthapuram
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Name of the candidate	
Name of the School	
Name of the Revenue District	

Full Postal Address of Candidate *(To be filled by candidate)*

_____ Pin Code _____ Contact Ph. No. _____

Date of Examination

Venue of Examination :

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an Institute of SCERT Kerala**ROLL No:1117082****ADMISSION CARD**

Name of the candidate	SIVANAND.P
Name of the School	VALAYAM UPS
Name of the Revenue District	Kozhikode

Full Postal Address of Candidate *(To be filled by candidate)*

_____ Pin Code _____

Date of Examination : **04.02.2017** from 10.30am to 11.30amVenue of Examination : **GANAPATH GIRLS HSS CHALAPPURAM****Attested by the Head of the School** *(with Office Seal)***Signature of the Candidate****STATE COUNCIL OF EDUCATIONAL RESEARCH AND TRAINING (SCERT)**Vidyabhavan, Poojappura, Thiruvananthapuram
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Name of the candidate	
Name of the School	
Name of the Revenue District	

Full Postal Address of Candidate *(To be filled by candidate)*

_____ Pin Code _____ Contact Ph. No. _____

Date of Examination

Venue of Examination :

Attested by the Head of the School *(with Office Seal)***Signature of the Candidate**

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an Institute of SCERT Kerala**ROLL No:1117083****ADMISSION CARD**

Name of the candidate	ANANDU KRISHNA C.K
Name of the School	VALAYAM UPS
Name of the Revenue District	Kozhikode

Full Postal Address of Candidate *(To be filled by candidate)*

_____ Pin Code _____

Date of Examination : **04.02.2017** from 10.30am to 11.30amVenue of Examination : **GANAPATH GIRLS HSS CHALAPPURAM****Attested by the Head of the School** *(with Office Seal)***Signature of the Candidate****STATE COUNCIL OF EDUCATIONAL RESEARCH AND TRAINING (SCERT)**Vidyabhavan, Poojappura, Thiruvananthapuram
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Institution)***NURTURING MATHEMATICAL TALENTS IN SCHOOLS (NuMATS)****State Level Aptitude Test – 2017****ROLL No:****IDENTIFICATION CERTIFICATE**

Name of the candidate	
Name of the School	
Name of the Revenue District	

Full Postal Address of Candidate *(To be filled by candidate)*

_____ Pin Code _____ Contact Ph. No. _____

Date of Examination

Venue of Examination :

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Institution)***NURTURING MATHEMATICAL TALENTS IN SCHOOLS (NuMATS)****State Level Aptitude Test – 2017****NuMATS**
an Institute of SCERT Kerala**ROLL No:1117084****ADMISSION CARD**

Name of the candidate	MUHAMMED IRFAN
Name of the School	AUPS OKLATHUR
Name of the Revenue District	Kozhikode

Full Postal Address of Candidate *(To be filled by candidate)*

_____ Pin Code _____

Date of Examination : **04.02.2017** from 10.30am to 11.30amVenue of Examination : **GANAPATH GIRLS HSS CHALAPPURAM****Attested by the Head of the School** *(with Office Seal)***Signature of the Candidate****STATE COUNCIL OF EDUCATIONAL RESEARCH AND TRAINING (SCERT)**Vidyabhavan, Poojappura, Thiruvananthapuram
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Name of the candidate	
Name of the School	
Name of the Revenue District	

Full Postal Address of Candidate *(To be filled by candidate)*

_____ Pin Code _____ Contact Ph. No. _____

Date of Examination

Venue of Examination :

Attested by the Head of the School *(with Office Seal)***Signature of the Candidate**

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Institution)***NURTURING MATHEMATICAL TALENTS IN SCHOOLS (NuMATS)****State Level Aptitude Test – 2017****NuMATS**
an Institute of SCERT Kerala**ROLL No:1117085****ADMISSION CARD**

Name of the candidate	MUHAMMED FARSAN
Name of the School	AUPS KOLATHUR
Name of the Revenue District	Kozhikode

Full Postal Address of Candidate *(To be filled by candidate)*

_____ Pin Code _____

Date of Examination : **04.02.2017** from 10.30am to 11.30amVenue of Examination : **GANAPATH GIRLS HSS CHALAPPURAM****Attested by the Head of the School** *(with Office Seal)***Signature of the Candidate****STATE COUNCIL OF EDUCATIONAL RESEARCH AND TRAINING (SCERT)**Vidyabhavan, Poojappura, Thiruvananthapuram
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Name of the candidate	
Name of the School	
Name of the Revenue District	

Full Postal Address of Candidate *(To be filled by candidate)*

_____ Pin Code _____ Contact Ph. No. _____

Date of Examination

Venue of Examination :

Attested by the Head of the School *(with Office Seal)***Signature of the Candidate**

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Head of the
Institution)***NURTURING MATHEMATICAL TALENTS IN SCHOOLS (NuMATS)****State Level Aptitude Test – 2017****NuMATS**
an Institute of SCERT Kerala**ROLL No:1117086****ADMISSION CARD**

Name of the candidate	GOURI NANDANA SHANOJ
Name of the School	AUPS MUNDAKKARA
Name of the Revenue District	Kozhikode

Full Postal Address of Candidate *(To be filled by candidate)*

_____ Pin Code _____

Date of Examination : **04.02.2017** from 10.30am to 11.30amVenue of Examination : **GANAPATH GIRLS HSS CHALAPPURAM****Attested by the Head of the School** *(with Office Seal)***Signature of the Candidate****STATE COUNCIL OF EDUCATIONAL RESEARCH AND TRAINING (SCERT)**Vidyabhavan, Poojappura, Thiruvananthapuram
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Head of the
Institution)***NURTURING MATHEMATICAL TALENTS IN SCHOOLS (NuMATS)****State Level Aptitude Test – 2017****ROLL No:****IDENTIFICATION CERTIFICATE**

Name of the candidate	
Name of the School	
Name of the Revenue District	

Full Postal Address of Candidate *(To be filled by candidate)*

_____ Pin Code _____ Contact Ph. No. _____

Date of Examination

Venue of Examination :

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Head of the
Institution)***NURTURING MATHEMATICAL TALENTS IN SCHOOLS (NuMATS)****State Level Aptitude Test – 2017****NuMATS**
an Institute of SCERT Kerala**ROLL No:1117087****ADMISSION CARD**

Name of the candidate	ADITHYAN.S
Name of the School	AUPS CHEEKILODE
Name of the Revenue District	Kozhikode

Full Postal Address of Candidate *(To be filled by candidate)*

_____ Pin Code _____

Date of Examination : **04.02.2017** from 10.30am to 11.30amVenue of Examination : **GANAPATH GIRLS HSS CHALAPPURAM****Attested by the Head of the School** *(with Office Seal)***Signature of the Candidate****STATE COUNCIL OF EDUCATIONAL RESEARCH AND TRAINING (SCERT)**Vidyabhavan, Poojappura, Thiruvananthapuram
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Name of the candidate	
Name of the School	
Name of the Revenue District	

Full Postal Address of Candidate *(To be filled by candidate)*

_____ Pin Code _____ Contact Ph. No. _____

Date of Examination

Venue of Examination :

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an initiative of SCERT Kerala**ROLL No:1117088****ADMISSION CARD**

Name of the candidate	SONA.B.I
Name of the School	AUPS CHEEKILODE
Name of the Revenue District	Kozhikode

Full Postal Address of Candidate *(To be filled by candidate)*

_____ Pin Code _____

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Institution)***NURTURING MATHEMATICAL TALENTS IN SCHOOLS (NuMATS)****State Level Aptitude Test – 2017****ROLL No:****IDENTIFICATION CERTIFICATE**

Name of the candidate	
Name of the School	
Name of the Revenue District	

Full Postal Address of Candidate *(To be filled by candidate)*

_____ Pin Code _____ Contact Ph. No. _____

Date of Examination

Venue of Examination :

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an Institute of SCERT Kerala**ROLL No:1117089****ADMISSION CARD**

Name of the candidate	FATHIMA MINNATH.V.M
Name of the School	AUPS KOLATHUR
Name of the Revenue District	Kozhikode

Full Postal Address of Candidate *(To be filled by candidate)*

_____ Pin Code _____

Date of Examination : **04.02.2017** from 10.30am to 11.30amVenue of Examination : **GANAPATH GIRLS HSS CHALAPPURAM****Attested by the Head of the School** *(with Office Seal)***Signature of the Candidate****STATE COUNCIL OF EDUCATIONAL RESEARCH AND TRAINING (SCERT)**Vidyabhavan, Poojappura, Thiruvananthapuram
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Head of the
Institution)***NURTURING MATHEMATICAL TALENTS IN SCHOOLS (NuMATS)****State Level Aptitude Test – 2017****ROLL No:****IDENTIFICATION CERTIFICATE**

Name of the candidate	
Name of the School	
Name of the Revenue District	

Full Postal Address of Candidate *(To be filled by candidate)*

_____ Pin Code _____ Contact Ph. No. _____

Date of Examination

Venue of Examination :

Attested by the Head of the School *(with Office Seal)***Signature of the Candidate**

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an initiative of SCERT Kerala**ROLL No:1117090****ADMISSION CARD**

Name of the candidate	SHEBIN NASEER.N.K
Name of the School	GMUPS KODIYATHUR
Name of the Revenue District	Kozhikode

Full Postal Address of Candidate *(To be filled by candidate)*

_____ Pin Code _____

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Name of the candidate	
Name of the School	
Name of the Revenue District	

Full Postal Address of Candidate *(To be filled by candidate)*

_____ Pin Code _____ Contact Ph. No. _____

Date of Examination

Venue of Examination :

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an Institute of SCERT Kerala**ROLL No:1117091****ADMISSION CARD**

Name of the candidate	CHRISTO J NILAVOOR
Name of the School	ST.JOSEPH'S UPS PULLOORAMPARA
Name of the Revenue District	Kozhikode

Full Postal Address of Candidate *(To be filled by candidate)*

_____ Pin Code _____

Date of Examination : **04.02.2017** from 10.30am to 11.30amVenue of Examination : **GANAPATH GIRLS HSS CHALAPPURAM****Attested by the Head of the School** *(with Office Seal)***Signature of the Candidate****STATE COUNCIL OF EDUCATIONAL RESEARCH AND TRAINING (SCERT)**Vidyabhavan, Poojappura, Thiruvananthapuram
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Name of the candidate	
Name of the School	
Name of the Revenue District	

Full Postal Address of Candidate *(To be filled by candidate)*

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Venue of Examination :

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an Institute of SCERT Kerala**ROLL No:1117092****ADMISSION CARD**

Name of the candidate	ATHI DEV . V.K
Name of the School	GUPS MANASSERY
Name of the Revenue District	Kozhikode

Full Postal Address of Candidate *(To be filled by candidate)*

_____ Pin Code _____

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Head of the
Institution)***NURTURING MATHEMATICAL TALENTS IN SCHOOLS (NuMATS)****State Level Aptitude Test – 2017****ROLL No:****IDENTIFICATION CERTIFICATE**

Name of the candidate	
Name of the School	
Name of the Revenue District	

Full Postal Address of Candidate *(To be filled by candidate)*

_____ Pin Code _____ Contact Ph. No. _____

Date of Examination

Venue of Examination :

Attested by the Head of the School *(with Office Seal)***Signature of the Candidate**

**STATE COUNCIL OF EDUCATIONAL RESEARCH AND TRAINING (SCERT)**Vidyabhavan, Poojappura, Thiruvananthapuram
Kerala-695 012. Website www.scert.kerala.gov.in, e-mail scertkerala@gmail.com*Passport size
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Institution)***NURTURING MATHEMATICAL TALENTS IN SCHOOLS (NuMATS)****State Level Aptitude Test – 2017****NuMATS**
an Institute of SCERT Kerala**ROLL No:1117093****ADMISSION CARD**

Name of the candidate	DEVIKA .G
Name of the School	GMUPS CHENNAMANGALLUR
Name of the Revenue District	Kozhikode

Full Postal Address of Candidate *(To be filled by candidate)*

_____ Pin Code _____

Date of Examination : **04.02.2017** from 10.30am to 11.30amVenue of Examination : **GANAPATH GIRLS HSS CHALAPPURAM****Attested by the Head of the School** *(with Office Seal)***Signature of the Candidate****STATE COUNCIL OF EDUCATIONAL RESEARCH AND TRAINING (SCERT)**Vidyabhavan, Poojappura, Thiruvananthapuram
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Name of the candidate	
Name of the School	
Name of the Revenue District	

Full Postal Address of Candidate *(To be filled by candidate)*

_____ Pin Code _____ Contact Ph. No. _____

Date of Examination

Venue of Examination :

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an Institute of SCERT Kerala**ROLL No:1117094****ADMISSION CARD**

Name of the candidate	FATHIMA HIBA .A
Name of the School	SSHSS KOODARANJI
Name of the Revenue District	Kozhikode

Full Postal Address of Candidate *(To be filled by candidate)*

_____ Pin Code _____

Date of Examination : **04.02.2017 from 10.30am to 11.30am**Venue of Examination : **GANAPATH GIRLS HSS CHALAPPURAM****Attested by the Head of the School** *(with Office Seal)***Signature of the Candidate****STATE COUNCIL OF EDUCATIONAL RESEARCH AND TRAINING (SCERT)**Vidyabhavan, Poojappura, Thiruvananthapuram
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Name of the candidate	
Name of the School	
Name of the Revenue District	

Full Postal Address of Candidate *(To be filled by candidate)*

_____ Pin Code _____ Contact Ph. No. _____

Date of Examination

Venue of Examination :

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Institution)***NURTURING MATHEMATICAL TALENTS IN SCHOOLS (NuMATS)****State Level Aptitude Test – 2017****NuMATS**
an Institute of SCERT Kerala**ROLL No:1117095****ADMISSION CARD**

Name of the candidate	ABHIRAMI
Name of the School	GUPS PANNICODE
Name of the Revenue District	Kozhikode

Full Postal Address of Candidate *(To be filled by candidate)*

_____ Pin Code _____

Date of Examination : **04.02.2017** from 10.30am to 11.30amVenue of Examination : **GANAPATH GIRLS HSS CHALAPPURAM****Attested by the Head of the School** *(with Office Seal)***Signature of the Candidate****STATE COUNCIL OF EDUCATIONAL RESEARCH AND TRAINING (SCERT)**Vidyabhavan, Poojappura, Thiruvananthapuram
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Name of the candidate	
Name of the School	
Name of the Revenue District	

Full Postal Address of Candidate *(To be filled by candidate)*

_____ Pin Code _____ Contact Ph. No. _____

Date of Examination

Venue of Examination :

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Institution)***NURTURING MATHEMATICAL TALENTS IN SCHOOLS (NuMATS)****State Level Aptitude Test – 2017****NuMATS**
an Institute of SCERT Kerala**ROLL No:1117096****ADMISSION CARD**

Name of the candidate	Fidalna Manoj
Name of the School	GUPS, Kavilumpara
Name of the Revenue District	Kozhikode

Full Postal Address of Candidate *(To be filled by candidate)*

_____ Pin Code _____

Date of Examination : **04.02.2017** from 10.30am to 11.30amVenue of Examination : **GANAPATH GIRLS HSS CHALAPPURAM****Attested by the Head of the School** *(with Office Seal)***Signature of the Candidate****STATE COUNCIL OF EDUCATIONAL RESEARCH AND TRAINING (SCERT)**Vidyabhavan, Poojappura, Thiruvananthapuram
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Institution)***NURTURING MATHEMATICAL TALENTS IN SCHOOLS (NuMATS)****State Level Aptitude Test – 2017****ROLL No:****IDENTIFICATION CERTIFICATE**

Name of the candidate	
Name of the School	
Name of the Revenue District	

Full Postal Address of Candidate *(To be filled by candidate)*

_____ Pin Code _____ Contact Ph. No. _____

Date of Examination

Venue of Examination :

Attested by the Head of the School *(with Office Seal)***Signature of the Candidate**

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Institution)***NURTURING MATHEMATICAL TALENTS IN SCHOOLS (NuMATS)****State Level Aptitude Test – 2017****NuMATS**
an Institute of SCERT Kerala**ROLL No:1117097****ADMISSION CARD**

Name of the candidate	Muhammed Junaid
Name of the School	MIUPS, Kuttiady
Name of the Revenue District	Kozhikode

Full Postal Address of Candidate *(To be filled by candidate)*

_____ Pin Code _____

Date of Examination : **04.02.2017** from 10.30am to 11.30amVenue of Examination : **GANAPATH GIRLS HSS CHALAPPURAM****Attested by the Head of the School** *(with Office Seal)***Signature of the Candidate****STATE COUNCIL OF EDUCATIONAL RESEARCH AND TRAINING (SCERT)**Vidyabhavan, Poojappura, Thiruvananthapuram
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Institution)***NURTURING MATHEMATICAL TALENTS IN SCHOOLS (NuMATS)****State Level Aptitude Test – 2017****ROLL No:****IDENTIFICATION CERTIFICATE**

Name of the candidate	
Name of the School	
Name of the Revenue District	

Full Postal Address of Candidate *(To be filled by candidate)*

_____ Pin Code _____ Contact Ph. No. _____

Date of Examination

Venue of Examination :

Attested by the Head of the School *(with Office Seal)***Signature of the Candidate**

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an Institute of SCERT Kerala**ROLL No:1117098****ADMISSION CARD**

Name of the candidate	Naja Fathima
Name of the School	Cherapuram UPS
Name of the Revenue District	Kozhikode

Full Postal Address of Candidate *(To be filled by candidate)*

_____ Pin Code _____

Date of Examination : **04.02.2017** from 10.30am to 11.30amVenue of Examination : **GANAPATH GIRLS HSS CHALAPPURAM****Attested by the Head of the School** *(with Office Seal)***Signature of the Candidate****STATE COUNCIL OF EDUCATIONAL RESEARCH AND TRAINING (SCERT)**Vidyabhavan, Poojappura, Thiruvananthapuram
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Name of the candidate	
Name of the School	
Name of the Revenue District	

Full Postal Address of Candidate *(To be filled by candidate)*

_____ Pin Code _____ Contact Ph. No. _____

Date of Examination

Venue of Examination :

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an Institute of SCERT Kerala**ROLL No:1117099****ADMISSION CARD**

Name of the candidate	Abijith. P.V
Name of the School	St. Mary's HS, Marudonkara
Name of the Revenue District	Kozhikode

Full Postal Address of Candidate *(To be filled by candidate)*

_____ Pin Code _____

Date of Examination : **04.02.2017** from 10.30am to 11.30amVenue of Examination : **GANAPATH GIRLS HSS CHALAPPURAM****Attested by the Head of the School** *(with Office Seal)***Signature of the Candidate****STATE COUNCIL OF EDUCATIONAL RESEARCH AND TRAINING (SCERT)**Vidyabhavan, Poojappura, Thiruvananthapuram
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Name of the candidate	
Name of the School	
Name of the Revenue District	

Full Postal Address of Candidate *(To be filled by candidate)*

_____ Pin Code _____ Contact Ph. No. _____

Date of Examination

Venue of Examination :

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an Institute of SCERT Kerala**ROLL No:1117100****ADMISSION CARD**

Name of the candidate	Karthika.
Name of the School	AJMHHS, Chathangotunada
Name of the Revenue District	Kozhikode

Full Postal Address of Candidate *(To be filled by candidate)*

_____ Pin Code _____

Date of Examination : **04.02.2017** from 10.30am to 11.30amVenue of Examination : **GANAPATH GIRLS HSS CHALAPPURAM****Attested by the Head of the School** *(with Office Seal)***Signature of the Candidate****STATE COUNCIL OF EDUCATIONAL RESEARCH AND TRAINING (SCERT)**Vidyabhavan, Poojappura, Thiruvananthapuram
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Head of the
Institution)***NURTURING MATHEMATICAL TALENTS IN SCHOOLS (NuMATS)****State Level Aptitude Test – 2017****ROLL No:****IDENTIFICATION CERTIFICATE**

Name of the candidate	
Name of the School	
Name of the Revenue District	

Full Postal Address of Candidate *(To be filled by candidate)*

_____ Pin Code _____ Contact Ph. No. _____

Date of Examination

Venue of Examination :

Attested by the Head of the School *(with Office Seal)***Signature of the Candidate**

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an Institute of SCERT Kerala**ROLL No:1117101****ADMISSION CARD**

Name of the candidate	Sneya.A
Name of the School	AJMHHS, Chathangotunada
Name of the Revenue District	Kozhikode

Full Postal Address of Candidate *(To be filled by candidate)*

_____ Pin Code _____

Date of Examination : **04.02.2017** from 10.30am to 11.30amVenue of Examination : **GANAPATH GIRLS HSS CHALAPPURAM****Attested by the Head of the School** *(with Office Seal)***Signature of the Candidate****STATE COUNCIL OF EDUCATIONAL RESEARCH AND TRAINING (SCERT)**Vidyabhavan, Poojappura, Thiruvananthapuram
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Institution)***NURTURING MATHEMATICAL TALENTS IN SCHOOLS (NuMATS)****State Level Aptitude Test – 2017****ROLL No:****IDENTIFICATION CERTIFICATE**

Name of the candidate	
Name of the School	
Name of the Revenue District	

Full Postal Address of Candidate *(To be filled by candidate)*

_____ Pin Code _____ Contact Ph. No. _____

Date of Examination

Venue of Examination :

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Institution)***NURTURING MATHEMATICAL TALENTS IN SCHOOLS (NuMATS)****State Level Aptitude Test – 2017****NuMATS**
an Institute of SCERT Kerala**ROLL No:1117102****ADMISSION CARD**

Name of the candidate	NISHAL K
Name of the School	GUPS PADNHATTUMMURI
Name of the Revenue District	Kozhikode

Full Postal Address of Candidate *(To be filled by candidate)*

_____ Pin Code _____

Date of Examination : **04.02.2017** from 10.30am to 11.30amVenue of Examination : **GANAPATH GIRLS HSS CHALAPPURAM****Attested by the Head of the School** *(with Office Seal)***Signature of the Candidate****STATE COUNCIL OF EDUCATIONAL RESEARCH AND TRAINING (SCERT)**Vidyabhavan, Poojappura, Thiruvananthapuram
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Name of the candidate	
Name of the School	
Name of the Revenue District	

Full Postal Address of Candidate *(To be filled by candidate)*

_____ Pin Code _____ Contact Ph. No. _____

Date of Examination

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an initiative of SCERT Kerala**ROLL No:1117103****ADMISSION CARD**

Name of the candidate	MUHAMMED NIHAL
Name of the School	MATHRUBANDHU VYDYASALA AUPS
Name of the Revenue District	Kozhikode

Full Postal Address of Candidate *(To be filled by candidate)*

_____ Pin Code _____

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Name of the candidate	
Name of the School	
Name of the Revenue District	

Full Postal Address of Candidate *(To be filled by candidate)*

_____ Pin Code _____ Contact Ph. No. _____

Date of Examination

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an Institute of SCERT Kerala**ROLL No:1117104****ADMISSION CARD**

Name of the candidate	NUSAIBA N P
Name of the School	JANATHA UPA PALATHU
Name of the Revenue District	Kozhikode

Full Postal Address of Candidate *(To be filled by candidate)*

_____ Pin Code _____

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Name of the candidate	
Name of the School	
Name of the Revenue District	

Full Postal Address of Candidate *(To be filled by candidate)*

_____ Pin Code _____ Contact Ph. No. _____

Date of Examination

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an Institute of SCERT Kerala**ROLL No:1117105****ADMISSION CARD**

Name of the candidate	ABHITH RAJ
Name of the School	PUTHOOR AUPS
Name of the Revenue District	Kozhikode

Full Postal Address of Candidate *(To be filled by candidate)*

_____ Pin Code _____

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Name of the candidate	
Name of the School	
Name of the Revenue District	

Full Postal Address of Candidate *(To be filled by candidate)*

_____ Pin Code _____ Contact Ph. No. _____

Date of Examination

Venue of Examination :

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an Institute of SCERT Kerala**ROLL No:1117106****ADMISSION CARD**

Name of the candidate	ABHIJITH S
Name of the School	KOTTOOLI AUPS
Name of the Revenue District	Kozhikode

Full Postal Address of Candidate *(To be filled by candidate)*

_____ Pin Code _____

Date of Examination : **04.02.2017** from 10.30am to 11.30amVenue of Examination : **GANAPATH GIRLS HSS CHALAPPURAM****Attested by the Head of the School** *(with Office Seal)***Signature of the Candidate****STATE COUNCIL OF EDUCATIONAL RESEARCH AND TRAINING (SCERT)**Vidyabhavan, Poojappura, Thiruvananthapuram
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Head of the
Institution)***NURTURING MATHEMATICAL TALENTS IN SCHOOLS (NuMATS)****State Level Aptitude Test – 2017****ROLL No:****IDENTIFICATION CERTIFICATE**

Name of the candidate	
Name of the School	
Name of the Revenue District	

Full Postal Address of Candidate *(To be filled by candidate)*

_____ Pin Code _____ Contact Ph. No. _____

Date of Examination

Venue of Examination :

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an Institute of SCERT Kerala**ROLL No:1117107****ADMISSION CARD**

Name of the candidate	AMAL JITH
Name of the School	MAYYANADU AUP SCHOOL
Name of the Revenue District	Kozhikode

Full Postal Address of Candidate *(To be filled by candidate)*

_____ Pin Code _____

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Name of the candidate	
Name of the School	
Name of the Revenue District	

Full Postal Address of Candidate *(To be filled by candidate)*

_____ Pin Code _____ Contact Ph. No. _____

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Venue of Examination :

Attested by the Head of the School *(with Office Seal)***Signature of the Candidate**

**STATE COUNCIL OF EDUCATIONAL RESEARCH AND TRAINING (SCERT)**Vidyabhavan, Poojappura, Thiruvananthapuram
Kerala-695 012. Website www.scert.kerala.gov.in, e-mail scertkerala@gmail.com*Passport size
photograph
(The photograph
should be
endorsed by the
Head of the
Institution)***NURTURING MATHEMATICAL TALENTS IN SCHOOLS (NuMATS)****State Level Aptitude Test – 2017****NuMATS**
an Institute of SCERT Kerala**ROLL No:1117108****ADMISSION CARD**

Name of the candidate	VAISHNAV N P
Name of the School	KAKKODI PANCHAYAT UPS
Name of the Revenue District	Kozhikode

Full Postal Address of Candidate *(To be filled by candidate)*

_____ Pin Code _____

Date of Examination : **04.02.2017** from 10.30am to 11.30amVenue of Examination : **GANAPATH GIRLS HSS CHALAPPURAM****Attested by the Head of the School** *(with Office Seal)***Signature of the Candidate****STATE COUNCIL OF EDUCATIONAL RESEARCH AND TRAINING (SCERT)**Vidyabhavan, Poojappura, Thiruvananthapuram
Kerala-695 012. Website www.scert.kerala.gov.in, e-mail scertkerala@gmail.com*Passport size
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endorsed by the
Head of the
Institution)***NURTURING MATHEMATICAL TALENTS IN SCHOOLS (NuMATS)****State Level Aptitude Test – 2017****ROLL No:****IDENTIFICATION CERTIFICATE**

Name of the candidate	
Name of the School	
Name of the Revenue District	

Full Postal Address of Candidate *(To be filled by candidate)*

_____ Pin Code _____ Contact Ph. No. _____

Date of Examination

Venue of Examination :

Attested by the Head of the School *(with Office Seal)***Signature of the Candidate**

**STATE COUNCIL OF EDUCATIONAL RESEARCH AND TRAINING (SCERT)**Vidyabhavan, Poojappura, Thiruvananthapuram
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Head of the
Institution)***NURTURING MATHEMATICAL TALENTS IN SCHOOLS (NuMATS)****State Level Aptitude Test – 2017****NuMATS**
an Institute of SCERT Kerala**ROLL No:1117109****ADMISSION CARD**

Name of the candidate	ANAGHA P
Name of the School	KOTTOOLI AUP SCHOOL
Name of the Revenue District	Kozhikode

Full Postal Address of Candidate *(To be filled by candidate)*

_____ Pin Code _____

Date of Examination : **04.02.2017** from 10.30am to 11.30amVenue of Examination : **GANAPATH GIRLS HSS CHALAPPURAM****Attested by the Head of the School** *(with Office Seal)***Signature of the Candidate****STATE COUNCIL OF EDUCATIONAL RESEARCH AND TRAINING (SCERT)**Vidyabhavan, Poojappura, Thiruvananthapuram
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Name of the candidate	
Name of the School	
Name of the Revenue District	

Full Postal Address of Candidate *(To be filled by candidate)*

_____ Pin Code _____ Contact Ph. No. _____

Date of Examination

Venue of Examination :

Attested by the Head of the School *(with Office Seal)***Signature of the Candidate**

**STATE COUNCIL OF EDUCATIONAL RESEARCH AND TRAINING (SCERT)**Vidyabhavan, Poojappura, Thiruvananthapuram
Kerala-695 012. Website www.scert.kerala.gov.in, e-mail scertkerala@gmail.com*Passport size
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Institution)***NURTURING MATHEMATICAL TALENTS IN SCHOOLS (NuMATS)****State Level Aptitude Test – 2017****NuMATS**
an Institute of SCERT Kerala**ROLL No:1117110****ADMISSION CARD**

Name of the candidate	SRAVAN T M
Name of the School	CHELANNUR AUP SCHOOL
Name of the Revenue District	Kozhikode

Full Postal Address of Candidate *(To be filled by candidate)*

_____ Pin Code _____

Date of Examination : **04.02.2017** from 10.30am to 11.30amVenue of Examination : **GANAPATH GIRLS HSS CHALAPPURAM****Attested by the Head of the School** *(with Office Seal)***Signature of the Candidate****STATE COUNCIL OF EDUCATIONAL RESEARCH AND TRAINING (SCERT)**Vidyabhavan, Poojappura, Thiruvananthapuram
Kerala-695 012. Website www.scert.kerala.gov.in, e-mail scertkerala@gmail.com*Passport size
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Name of the candidate	
Name of the School	
Name of the Revenue District	

Full Postal Address of Candidate *(To be filled by candidate)*

_____ Pin Code _____ Contact Ph. No. _____

Date of Examination

Venue of Examination :

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