

**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:1017001****ADMISSION CARD**

Name of the candidate	Arya PT
Name of the School	AUPS Naduvattam
Name of the Revenue District	Malappuram

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 : **GBHSS MALAPPURAM****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	

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Date of Examination

Venue of Examination :

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an initiative of SCERT Kerala**ROLL No:1017002****ADMISSION CARD**

Name of the candidate	Karthik M
Name of the School	AMUPS Irimbiliyam
Name of the Revenue District	Malappuram

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

_____ Pin Code _____

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Name of the School	
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an initiative of SCERT Kerala**ROLL No:1017003****ADMISSION CARD**

Name of the candidate	Sayyid Muhammed Falal VT
Name of the School	KMAUPS Karthala
Name of the Revenue District	Malappuram

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

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Name of the candidate	Muhammed Sibili CP
Name of the School	AMUPS Melmuri
Name of the Revenue District	Malappuram

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

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Name of the Revenue District	

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

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Name of the candidate	Shabeeb PP
Name of the School	AMUPS Melmuri
Name of the Revenue District	Malappuram

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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Name of the candidate	Murshida P
Name of the School	AMUPS Melmuri
Name of the Revenue District	Malappuram

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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Name of the candidate	Amrutha PP
Name of the School	GUPS Painkannur
Name of the Revenue District	Malappuram

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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Name of the candidate	Gokulkrishna K
Name of the School	GUPS Painkannur
Name of the Revenue District	Malappuram

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

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an initiative of SCERT Kerala**ROLL No:1017009****ADMISSION CARD**

Name of the candidate	IHSAN AFROZ K T
Name of the School	AUPS MALAPPURAM
Name of the Revenue District	Malappuram

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:1017010****ADMISSION CARD**

Name of the candidate	ADRIJA K
Name of the School	GMUPS KOTTAKKAL
Name of the Revenue District	Malappuram

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

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Date of Examination : **04.02.2017** from 10.30am to 11.30amVenue of Examination : **GBHSS MALAPPURAM****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	ANVIYA SHIJU
Name of the School	ST. GEMMAS GHSS MALAPPURAM
Name of the Revenue District	Malappuram

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

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Name of the candidate	HADHI HASSAN P P
Name of the School	GMUPS CHEMMANKADAVU
Name of the Revenue District	Malappuram

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	ABHIRAM H
Name of the School	AUPS MANNAZHI
Name of the Revenue District	Malappuram

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

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Name of the Revenue District	

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

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Name of the candidate	MOHAMMED MUSHTAQ
Name of the School	GHSS POOKKOTTUR
Name of the Revenue District	Malappuram

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

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Name of the candidate	ABINDAS K
Name of the School	AUPS MALAPPURAM
Name of the Revenue District	Malappuram

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

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Name of the candidate	VAISHAKH V
Name of the School	GBHSS MALAPPURAM
Name of the Revenue District	Malappuram

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
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Institution)***NURTURING MATHEMATICAL TALENTS IN SCHOOLS (NuMATS)****State Level Aptitude Test – 2017****NuMATS**
an initiative of SCERT Kerala**ROLL No:1017017****ADMISSION CARD**

Name of the candidate	ATHUL PRAKASH
Name of the School	SVHSS PALEMAD
Name of the Revenue District	Malappuram

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 : **GBHSS MALAPPURAM****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 initiative of SCERT Kerala**ROLL No:1017018****ADMISSION CARD**

Name of the candidate	NASNIN VP
Name of the School	GHSS EDAKKARA
Name of the Revenue District	Malappuram

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 : **GBHSS MALAPPURAM****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 initiative of SCERT Kerala**ROLL No:1017019****ADMISSION CARD**

Name of the candidate	VISHNUNATH TP
Name of the School	AUPS POOKKOTTUMPADAM
Name of the Revenue District	Malappuram

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 : **GBHSS MALAPPURAM****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 initiative of SCERT Kerala**ROLL No:1017020****ADMISSION CARD**

Name of the candidate	HAMNARAHMAN VP
Name of the School	BMAUPS MUTHUKAD
Name of the Revenue District	Malappuram

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 : **GBHSS MALAPPURAM****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:1017021****ADMISSION CARD**

Name of the candidate	HENNA H KABEER
Name of the School	GMUPS NILAMBUR
Name of the Revenue District	Malappuram

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 : **GBHSS MALAPPURAM****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:1017022****ADMISSION CARD**

Name of the candidate	LIJUN LISHAJ MP
Name of the School	AUPS CHANDAKKUNNU
Name of the Revenue District	Malappuram

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 : **GBHSS MALAPPURAM****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	NANDHUDEV NS
Name of the School	GHSS EDAKKARA
Name of the Revenue District	Malappuram

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 : **GBHSS MALAPPURAM****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:1017024****ADMISSION CARD**

Name of the candidate	SREERAG P
Name of the School	BMAUPS MUTHUKAD
Name of the Revenue District	Malappuram

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 : **GBHSS MALAPPURAM****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:1017025****ADMISSION CARD**

Name of the candidate	MUHAMMED JAMSHEER KH
Name of the School	GHSS EDAKKARA
Name of the Revenue District	Malappuram

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 : **GBHSS MALAPPURAM****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:1017026****ADMISSION CARD**

Name of the candidate	Amaan. I
Name of the School	OUPS Tirurangadi
Name of the Revenue District	Malappuram

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 : **GBHSS MALAPPURAM****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:1017027****ADMISSION CARD**

Name of the candidate	Riluvana Thasni. C
Name of the School	GMUPS Parakkadavu
Name of the Revenue District	Malappuram

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 : **GBHSS MALAPPURAM****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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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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Head of the
Institution)***NURTURING MATHEMATICAL TALENTS IN SCHOOLS (NuMATS)****State Level Aptitude Test – 2017****NuMATS**
an initiative of SCERT Kerala**ROLL No:1017028****ADMISSION CARD**

Name of the candidate	Fathima Rina. P
Name of the School	GUPS Ariyallur
Name of the Revenue District	Malappuram

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 : **GBHSS MALAPPURAM****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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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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an initiative of SCERT Kerala**ROLL No:1017029****ADMISSION CARD**

Name of the candidate	Jeevathmika. K
Name of the School	AUPS Chiramangalam
Name of the Revenue District	Malappuram

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 : **GBHSS MALAPPURAM****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 :

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:1017030****ADMISSION CARD**

Name of the candidate	MuhammedSahal. C
Name of the School	GHS Neduva
Name of the Revenue District	Malappuram

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 : **GBHSS MALAPPURAM****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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Head of the
Institution)***NURTURING MATHEMATICAL TALENTS IN SCHOOLS (NuMATS)****State Level Aptitude Test – 2017****NuMATS**
an Institute of SCERT Kerala**ROLL No:1017031****ADMISSION CARD**

Name of the candidate	ARAVIND P
Name of the School	DGHSS TANUR
Name of the Revenue District	Malappuram

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 : **GBHSS MALAPPURAM****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
Kerala-695 012. Website www.scert.kerala.gov.in, e-mail scertkerala@gmail.com*Passport size
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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:1017032****ADMISSION CARD**

Name of the candidate	HUDA MARIYAM
Name of the School	DGHSS TANUR
Name of the Revenue District	Malappuram

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 : **GBHSS MALAPPURAM****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
(The 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**

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Institution)***NURTURING MATHEMATICAL TALENTS IN SCHOOLS (NuMATS)****State Level Aptitude Test – 2017****NuMATS**
an initiative of SCERT Kerala**ROLL No:1017033****ADMISSION CARD**

Name of the candidate	RAMA HARSHA .K
Name of the School	SMUPS TANUR
Name of the Revenue District	Malappuram

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 : **GBHSS MALAPPURAM****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:1017034****ADMISSION CARD**

Name of the candidate	PADMASREE A.V
Name of the School	CAUPS PARIYAPURAM
Name of the Revenue District	Malappuram

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 : **GBHSS MALAPPURAM****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:1017035****ADMISSION CARD**

Name of the candidate	HARITH.T
Name of the School	AVHSS PONNANI
Name of the Revenue District	Malappuram

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 : **GBHSS MALAPPURAM****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:1017036****ADMISSION CARD**

Name of the candidate	GOURI NANDANA.P
Name of the School	PNUPS KANHIRAMUKKU
Name of the Revenue District	Malappuram

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 : **GBHSS MALAPPURAM****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:1017037****ADMISSION CARD**

Name of the candidate	ASWIN RAJ
Name of the School	AVHSS PONNANI
Name of the Revenue District	Malappuram

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 : **GBHSS MALAPPURAM****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 initiative of SCERT Kerala**ROLL No:1017038****ADMISSION CARD**

Name of the candidate	VISHNUDAS.A
Name of the School	GUPS CHERUVAIKKARA
Name of the Revenue District	Malappuram

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 : **GBHSS MALAPPURAM****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 initiative of SCERT Kerala**ROLL No:1017039****ADMISSION CARD**

Name of the candidate	Ajna Rafaha KV
Name of the School	VPAUPS Vilayil Parappur
Name of the Revenue District	Malappuram

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 : **GBHSS MALAPPURAM****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:1017040****ADMISSION CARD**

Name of the candidate	Sayooj M
Name of the School	CHMKMUPS Mundakkulam
Name of the Revenue District	Malappuram

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 : **GBHSS MALAPPURAM****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 Institute of SCERT Kerala**ROLL No:1017041****ADMISSION CARD**

Name of the candidate	Fathima Fasna KP
Name of the School	CHMKMUPS Mundakkulam
Name of the Revenue District	Malappuram

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 : **GBHSS MALAPPURAM****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:1017042****ADMISSION CARD**

Name of the candidate	Rajba Sherin
Name of the School	Ganapath AUPS Kizhisseri
Name of the Revenue District	Malappuram

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 : **GBHSS MALAPPURAM****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

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Institution)

NURTURING MATHEMATICAL TALENTS IN SCHOOLS (NuMATS)**State Level Aptitude Test – 2017****NuMATS**
an initiative of SCERT Kerala**ROLL No:1017043****ADMISSION CARD**

Name of the candidate	Risvana P
Name of the School	AI Alsar UPS Mndamparamba
Name of the Revenue District	Malappuram

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 : **GBHSS MALAPPURAM****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

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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:1017044****ADMISSION CARD**

Name of the candidate	Safna Mariyam AS
Name of the School	GHSS Kuzhimanna
Name of the Revenue District	Malappuram

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 : **GBHSS MALAPPURAM****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 initiative of SCERT Kerala**ROLL No:1017045****ADMISSION CARD**

Name of the candidate	Nimisha AP
Name of the School	AUPS Thottekad
Name of the Revenue District	Malappuram

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 : **GBHSS MALAPPURAM****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 initiative of SCERT Kerala**ROLL No:1017046****ADMISSION CARD**

Name of the candidate	Fathima Renna N
Name of the School	PMSAMAUPS Olamathil
Name of the Revenue District	Malappuram

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 : **GBHSS MALAPPURAM****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:1017047****ADMISSION CARD**

Name of the candidate	ADILSHA P V
Name of the School	CHS ADAKAKUNDU
Name of the Revenue District	Malappuram

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 : **GBHSS MALAPPURAM****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 Institute of SCERT Kerala**ROLL No:1017048****ADMISSION CARD**

Name of the candidate	MUHAMMED NASHID PK
Name of the School	GHS ANCHACHAVIDI
Name of the Revenue District	Malappuram

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 : **GBHSS MALAPPURAM****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 initiative of SCERT Kerala**ROLL No:1017049****ADMISSION CARD**

Name of the candidate	ANJANA T
Name of the School	CHS ADAKAKUNDU
Name of the Revenue District	Malappuram

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 :

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:1017050****ADMISSION CARD**

Name of the candidate	NIKITHA MOL
Name of the School	GUPS PAZHAYADAKKAL
Name of the Revenue District	Malappuram

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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Institution)***NURTURING MATHEMATICAL TALENTS IN SCHOOLS (NuMATS)****State Level Aptitude Test – 2017****NuMATS**
an initiative of SCERT Kerala**ROLL No:1017051****ADMISSION CARD**

Name of the candidate	HRISHIDEV CP
Name of the School	THS ANGADIPURAM
Name of the Revenue District	Malappuram

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 : **GBHSS MALAPPURAM****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 initiative of SCERT Kerala**ROLL No:1017052****ADMISSION CARD**

Name of the candidate	FARHANA C
Name of the School	GUPS PANANGANGARA
Name of the Revenue District	Malappuram

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 : **GBHSS MALAPPURAM****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:1017053****ADMISSION CARD**

Name of the candidate	MOHAMMED ROSHAN M
Name of the School	MMUPS KOZHINHIL
Name of the Revenue District	Malappuram

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 : **GBHSS MALAPPURAM****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:1017054****ADMISSION CARD**

Name of the candidate	KEERTHANA RAJ KC
Name of the School	AMUPS KOOTIL
Name of the Revenue District	Malappuram

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 : **GBHSS MALAPPURAM****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 initiative of SCERT Kerala**ROLL No:1017055****ADMISSION CARD**

Name of the candidate	HAIFA M
Name of the School	MPGUPS VADAKKANGARA
Name of the Revenue District	Malappuram

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 : **GBHSS MALAPPURAM****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:1017056****ADMISSION CARD**

Name of the candidate	ANUPAMJITH KRISHNAN
Name of the School	GUPS, KOLOLAMBA
Name of the Revenue District	Malappuram

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 : **GBHSS MALAPPURAM****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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Head of the
Institution)***NURTURING MATHEMATICAL TALENTS IN SCHOOLS (NuMATS)****State Level Aptitude Test – 2017****NuMATS**
an Institute of SCERT Kerala**ROLL No:1017057****ADMISSION CARD**

Name of the candidate	ABHINAVGOSH.C
Name of the School	GMUPS, EDAPPAL
Name of the Revenue District	Malappuram

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 : **GBHSS MALAPPURAM****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 Institute of SCERT Kerala**ROLL No:1017058****ADMISSION CARD**

Name of the candidate	MUHAMMED SHAKKIR.M.K
Name of the School	KMGUPS, THAVANUR
Name of the Revenue District	Malappuram

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 : **GBHSS MALAPPURAM****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:1017059****ADMISSION CARD**

Name of the candidate	ABHIRAMI.K.P
Name of the School	GMUPS, EDAPPAL
Name of the Revenue District	Malappuram

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 : **GBHSS MALAPPURAM****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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Name of the candidate	AFLAH NAJAD.D
Name of the School	GUPS MOORKKANAD
Name of the Revenue District	Malappuram

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 : **GBHSS MALAPPURAM****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:1017061****ADMISSION CARD**

Name of the candidate	MALAVIKA P.K
Name of the School	GVHSS KIZHUPARAMBA
Name of the Revenue District	Malappuram

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 : **GBHSS MALAPPURAM****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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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:1017062****ADMISSION CARD**

Name of the candidate	MUHAMMED IRSHAD C.T
Name of the School	GUPS MAITHRA
Name of the Revenue District	Malappuram

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 : **GBHSS MALAPPURAM****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
Kerala-695 012. Website www.scert.kerala.gov.in, e-mail scertkerala@gmail.com*Passport size
photograph
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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:1017063****ADMISSION CARD**

Name of the candidate	MISNA JUBIN
Name of the School	GMUPS AREACODE
Name of the Revenue District	Malappuram

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 : **GBHSS MALAPPURAM****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:1017064****ADMISSION CARD**

Name of the candidate	ABHAY K
Name of the School	GHS AREACODE
Name of the Revenue District	Malappuram

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 : **GBHSS MALAPPURAM****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:1017065****ADMISSION CARD**

Name of the candidate	MUHAMMED MIDLAJ C.K
Name of the School	GHS AREACODE
Name of the Revenue District	Malappuram

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 : **GBHSS MALAPPURAM****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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Institution)***NURTURING MATHEMATICAL TALENTS IN SCHOOLS (NuMATS)****State Level Aptitude Test – 2017****NuMATS**
an initiative of SCERT Kerala**ROLL No:1017066****ADMISSION CARD**

Name of the candidate	PRAVDHA LAKSHMI E
Name of the School	GUPS VETILAPPARA
Name of the Revenue District	Malappuram

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 : **GBHSS MALAPPURAM****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:1017067****ADMISSION CARD**

Name of the candidate	SIVAPRASAD K.S
Name of the School	GUPS ODAKKAYAM
Name of the Revenue District	Malappuram

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 : **GBHSS MALAPPURAM****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:1017068****ADMISSION CARD**

Name of the candidate	YUNUS .K
Name of the School	GUPS CHENGARA
Name of the Revenue District	Malappuram

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 : **GBHSS MALAPPURAM****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 initiative of SCERT Kerala**ROLL No:1017069****ADMISSION CARD**

Name of the candidate	AADIL RAGHAVAN
Name of the School	GHSS PERINTHALMANNA
Name of the Revenue District	Malappuram

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 : **GBHSS MALAPPURAM****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:1017070****ADMISSION CARD**

Name of the candidate	MUHAMMED SALIH K
Name of the School	AMUPS ERAVIMANGALAM
Name of the Revenue District	Malappuram

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 : **GBHSS MALAPPURAM****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 Institute of SCERT Kerala**ROLL No:1017071****ADMISSION CARD**

Name of the candidate	HAFIS MOIDU K P
Name of the School	AMUPS ERAVIMANGALAM
Name of the Revenue District	Malappuram

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 : **GBHSS MALAPPURAM****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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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:1017072****ADMISSION CARD**

Name of the candidate	ASWATHI S MADHAV
Name of the School	GHSS KUNNAKKAVU
Name of the Revenue District	Malappuram

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 : **GBHSS MALAPPURAM****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**

**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:1017073****ADMISSION CARD**

Name of the candidate	GOPIKA P
Name of the School	GHSS PULAMANTHOLE
Name of the Revenue District	Malappuram

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 : **GBHSS MALAPPURAM****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:1017074****ADMISSION CARD**

Name of the candidate	SHANA ZAINABA V P
Name of the School	VPAMUPS PUTHUR
Name of the Revenue District	Malappuram

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 : **GBHSS MALAPPURAM****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:1017075****ADMISSION CARD**

Name of the candidate	NAMITHA P M
Name of the School	GHSS PULAMANTHOLE
Name of the Revenue District	Malappuram

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 : **GBHSS MALAPPURAM****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:1017076****ADMISSION CARD**

Name of the candidate	ASNA JAHAN. K
Name of the School	AUPS PATTERKULAM
Name of the Revenue District	Malappuram

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 : **GBHSS MALAPPURAM****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 initiative of SCERT Kerala**ROLL No:1017077****ADMISSION CARD**

Name of the candidate	NANDA KRISHNA. KV
Name of the School	GUPS. MANJERI
Name of the Revenue District	Malappuram

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 : **GBHSS MALAPPURAM****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:1017078****ADMISSION CARD**

Name of the candidate	RASHIDA. M
Name of the School	GGHS. MANJERI
Name of the Revenue District	Malappuram

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 : **GBHSS MALAPPURAM****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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Institution)***NURTURING MATHEMATICAL TALENTS IN SCHOOLS (NuMATS)****State Level Aptitude Test – 2017****NuMATS**
an initiative of SCERT Kerala**ROLL No:1017079****ADMISSION CARD**

Name of the candidate	FATHIMA THASNIM
Name of the School	GUPS. PATHAPIRIYAM
Name of the Revenue District	Malappuram

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 : **GBHSS MALAPPURAM****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
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Institution)***NURTURING MATHEMATICAL TALENTS IN SCHOOLS (NuMATS)****State Level Aptitude Test – 2017****NuMATS**
an initiative of SCERT Kerala**ROLL No:1017080****ADMISSION CARD**

Name of the candidate	RAYISHA
Name of the School	AMUPS KUNDUTHOD
Name of the Revenue District	Malappuram

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 : **GBHSS MALAPPURAM****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:1017081****ADMISSION CARD**

Name of the candidate	AKHILA. N.K
Name of the School	GUPS. PATHAPIRIYAM
Name of the Revenue District	Malappuram

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 : **GBHSS MALAPPURAM****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:1017082****ADMISSION CARD**

Name of the candidate	ABHINAV. P.K
Name of the School	HMY HS. MANJERI
Name of the Revenue District	Malappuram

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 : **GBHSS MALAPPURAM****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:1017083****ADMISSION CARD**

Name of the candidate	ASWIN. A
Name of the School	HMY HS. MANJERI
Name of the Revenue District	Malappuram

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 : **GBHSS MALAPPURAM****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:1017084****ADMISSION CARD**

Name of the candidate	NIVEDITHA. P
Name of the School	GHSS PANDIKKAD
Name of the Revenue District	Malappuram

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 : **GBHSS MALAPPURAM****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:1017085****ADMISSION CARD**

Name of the candidate	Jerin .A.K
Name of the School	Padma AUPS Karad
Name of the Revenue District	Malappuram

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 : **GBHSS MALAPPURAM****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:1017086****ADMISSION CARD**

Name of the candidate	Meera.K
Name of the School	RKHSS RAMANATTUKARA
Name of the Revenue District	Malappuram

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 : **GBHSS MALAPPURAM****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:1017087****ADMISSION CARD**

Name of the candidate	Samanway.A.P
Name of the School	MINAAMUPS CHERUVAYUR
Name of the Revenue District	Malappuram

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 : **GBHSS MALAPPURAM****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:1017088****ADMISSION CARD**

Name of the candidate	Savin Sajeev.PP
Name of the School	GHS CHALIYAPPURAM
Name of the Revenue District	Malappuram

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 : **GBHSS MALAPPURAM****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 initiative of SCERT Kerala**ROLL No:1017089****ADMISSION CARD**

Name of the candidate	muhammed midlaj P.T
Name of the School	GMUPS ARIMBRA
Name of the Revenue District	Malappuram

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:1017090****ADMISSION CARD**

Name of the candidate	Muhammed FaZil.K
Name of the School	GMUPS KONDOTTY
Name of the Revenue District	Malappuram

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 : **GBHSS MALAPPURAM****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**
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Name of the candidate	Dilruba Rahma.C
Name of the School	GMUPS CHIRAYIL
Name of the Revenue District	Malappuram

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 : **GBHSS MALAPPURAM****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:1017092****ADMISSION CARD**

Name of the candidate	Muhammed Rijinas
Name of the School	GMUPS Chirayil
Name of the Revenue District	Malappuram

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 : **GBHSS MALAPPURAM****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 :

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**
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Name of the candidate	SNEHA A
Name of the School	MDPSUPS EZHUR
Name of the Revenue District	Malappuram

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 : **GBHSS MALAPPURAM****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
Kerala-695 012. Website www.scert.kerala.gov.in, e-mail scertkerala@gmail.com*Passport size
photograph
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should be
endorsed by the
Head of the
Institution)***NURTURING MATHEMATICAL TALENTS IN SCHOOLS (NuMATS)****State Level Aptitude Test – 2017****NuMATS**
an initiative of SCERT Kerala**ROLL No:1017094****ADMISSION CARD**

Name of the candidate	PRANAV MOHAN
Name of the School	GMUPS TIRUR
Name of the Revenue District	Malappuram

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 : **GBHSS MALAPPURAM****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:1017095****ADMISSION CARD**

Name of the candidate	RANNA
Name of the School	GMUPS TIRUR
Name of the Revenue District	Malappuram

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 : **GBHSS MALAPPURAM****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 initiative of SCERT Kerala**ROLL No:1017096****ADMISSION CARD**

Name of the candidate	ABHINKRISHNA KS
Name of the School	VVUPS CHENNARA
Name of the Revenue District	Malappuram

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 : **GBHSS MALAPPURAM****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:1017097****ADMISSION CARD**

Name of the candidate	DEVANARAYANAN KM
Name of the School	NMHSS TIRURNNAVAYA
Name of the Revenue District	Malappuram

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 : **GBHSS MALAPPURAM****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:1017098****ADMISSION CARD**

Name of the candidate	SARATH
Name of the School	AMUPS VETOM
Name of the Revenue District	Malappuram

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 : **GBHSS MALAPPURAM****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
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Institution)***NURTURING MATHEMATICAL TALENTS IN SCHOOLS (NuMATS)****State Level Aptitude Test – 2017****NuMATS**
an initiative of SCERT Kerala**ROLL No:1017099****ADMISSION CARD**

Name of the candidate	ASWIN KRISHNA.K
Name of the School	GMUPS KAPPU
Name of the Revenue District	Malappuram

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 : **GBHSS MALAPPURAM****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 initiative of SCERT Kerala**ROLL No:1017100****ADMISSION CARD**

Name of the candidate	RAHUL RAJ.P
Name of the School	GMUPS KAPPU
Name of the Revenue District	Malappuram

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 : **GBHSS MALAPPURAM****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
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an Institute of SCERT Kerala**ROLL No:1017101****ADMISSION CARD**

Name of the candidate	MUHAMMED ADHIL.K
Name of the School	GHSS PATTIKKAD
Name of the Revenue District	Malappuram

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 : **GBHSS MALAPPURAM****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
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Institution)***NURTURING MATHEMATICAL TALENTS IN SCHOOLS (NuMATS)****State Level Aptitude Test – 2017****NuMATS**
an initiative of SCERT Kerala**ROLL No:1017102****ADMISSION CARD**

Name of the candidate	VYASDEV.C
Name of the School	AUPS VELLIYANCHERI
Name of the Revenue District	Malappuram

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 : **GBHSS MALAPPURAM****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****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:1017103****ADMISSION CARD**

Name of the candidate	PAVITHRA G
Name of the School	GMHSS CU CAMPUS
Name of the Revenue District	Malappuram

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 : **GBHSS MALAPPURAM****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 initiative of SCERT Kerala**ROLL No:1017104****ADMISSION CARD**

Name of the candidate	ADILA JASMINE J
Name of the School	GMHSS CU CAMPUS
Name of the Revenue District	Malappuram

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 : **GBHSS MALAPPURAM****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 initiative of SCERT Kerala**ROLL No:1017105****ADMISSION CARD**

Name of the candidate	MOHAMMED FASEEH
Name of the School	AUPS PARAPPUR
Name of the Revenue District	Malappuram

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 : **GBHSS MALAPPURAM****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 initiative of SCERT Kerala**ROLL No:1017106****ADMISSION CARD**

Name of the candidate	ARCHANA V P
Name of the School	GVHSS VENGARA
Name of the Revenue District	Malappuram

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 : **GBHSS MALAPPURAM****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 initiative of SCERT Kerala**ROLL No:1017107****ADMISSION CARD**

Name of the candidate	NIVIN T M
Name of the School	MISMUPS P K PARAMBU
Name of the Revenue District	Malappuram

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 : **GBHSS MALAPPURAM****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:1017108****ADMISSION CARD**

Name of the candidate	AMNA SHERIN K
Name of the School	TIOUPS PERUVALLUR
Name of the Revenue District	Malappuram

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 : **GBHSS MALAPPURAM****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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