

**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: 0317001****ADMISSION CARD**

| | |
|------------------------------|-----------------------------|
| Name of the candidate | Alen Jacob |
| Name of the School | ST.MARYS MMUPS ADOOR |
| Name of the Revenue District | Pathanamthitta |

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

_____ Pin Code _____

Date of Examination **04.02.2017** from **10.30 am. to 11.30 am.**Venue of Examination : **M G M H S S Thiruvalla****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: 0317002****ADMISSION CARD**

| | |
|------------------------------|-----------------------------|
| Name of the candidate | Binju Sara Binu |
| Name of the School | ST.MARYS MMUPS ADOOR |
| Name of the Revenue District | Pathanamthitta |

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

_____ Pin Code _____

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| | |
|------------------------------|-----------------------------|
| Name of the candidate | Saniya Balan |
| Name of the School | ST.MARYS MMUPS ADOOR |
| Name of the Revenue District | Pathanamthitta |

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

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| | |
|------------------------------|-----------------------|
| Name of the candidate | Silpa S Nair |
| Name of the School | UPS THENGAMAM |
| Name of the Revenue District | Pathanamthitta |

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

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an Institute of SCERT Kerala**ROLL No: 0317005****ADMISSION CARD**

| | |
|------------------------------|----------------------------|
| Name of the candidate | Aparna V S |
| Name of the School | GPMUPS BHOOTHAMKARA |
| Name of the Revenue District | Pathanamthitta |

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

_____ Pin Code _____

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| Name of the Revenue District | |

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| | |
|------------------------------|---------------------------------------|
| Name of the candidate | Lidhiya Shibu |
| Name of the School | ST.GEORGE ASHRAM UPS CHAYALODE |
| Name of the Revenue District | Pathanamthitta |

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

_____ Pin Code _____

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| Name of the Revenue District | |

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| | |
|------------------------------|-----------------------|
| Name of the candidate | Ajay Raj |
| Name of the School | GOVT.UPS ADOOR |
| Name of the Revenue District | Pathanamthitta |

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

_____ Pin Code _____

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| | |
|------------------------------|--------------------------|
| Name of the candidate | Parthip P |
| Name of the School | SNVHSS ANGADICKAL |
| Name of the Revenue District | Pathanamthitta |

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

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Date of Examination **04.02.2017** from **10.30 am. to 11.30 am.**Venue of Examination : **M G M H S S Thiruvalla****Attested by the Head of the School** *(with Office Seal)***Signature of the Candidate****STATE COUNCIL OF EDUCATIONAL RESEARCH AND TRAINING (SCERT)**Vidyabhavan, Poojappura, Thiruvananthapuram
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an initiative of SCERT Kerala**ROLL No: 0317009****ADMISSION CARD**

| | |
|------------------------------|--------------------------------|
| Name of the candidate | ATHUL DEV |
| Name of the School | ST.MARY'S UPS KOZHIMALA |
| Name of the Revenue District | Pathanamthitta |

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

_____ Pin Code _____

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

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an Institute of SCERT Kerala**ROLL No: 0317010****ADMISSION CARD**

| | |
|------------------------------|--------------------------------|
| Name of the candidate | SNEHA SARA JACOB |
| Name of the School | ST.MARY'S UPS KOZHIMALA |
| Name of the Revenue District | Pathanamthitta |

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

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| | |
|------------------------------|--------------------------------|
| Name of the candidate | HARSHA RAJESH |
| Name of the School | ST.MARY'S UPS KOZHIMALA |
| Name of the Revenue District | Pathanamthitta |

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

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| Name of the Revenue District | |

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| | |
|------------------------------|--------------------------------|
| Name of the candidate | CHRISTEENA C S |
| Name of the School | ST.MARY'S UPS KOZHIMALA |
| Name of the Revenue District | Pathanamthitta |

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

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| Name of the School | |
| Name of the Revenue District | |

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| | |
|------------------------------|--------------------------------|
| Name of the candidate | AROMAL K R |
| Name of the School | NSSKUPS KIZHAKKENOTHERA |
| Name of the Revenue District | Pathanamthitta |

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| | |
|------------------------------|-----------------------|
| Name of the candidate | Gopika A |
| Name of the School | GHSS Ayroor |
| Name of the Revenue District | Pathanamthitta |

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

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| | |
|------------------------------|------------------------|
| Name of the candidate | Sreejith Pramod |
| Name of the School | SVNSSUPS Kunnam |
| Name of the Revenue District | Pathanamthitta |

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

_____ Pin Code _____

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

| | |
|------------------------------|--|
| Name of the candidate | |
| Name of the School | |
| Name of the Revenue District | |

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

_____ Pin Code _____ Contact Ph. No. _____

Date of Examination

Venue of Examination :

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

**STATE COUNCIL OF EDUCATIONAL RESEARCH AND TRAINING (SCERT)**Vidyabhavan, Poojappura, Thiruvananthapuram
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an Institute of SCERT Kerala**ROLL No: 0317016****ADMISSION CARD**

| | |
|------------------------------|------------------------|
| Name of the candidate | Aiswarya M. |
| Name of the School | SVNSSUPS Kunnam |
| Name of the Revenue District | Pathanamthitta |

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

_____ Pin Code _____

Date of Examination **04.02.2017** from **10.30 am. to 11.30 am.**Venue of Examination : **M G M H S S Thiruvalla****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: 0317017****ADMISSION CARD**

| | |
|------------------------------|-------------------------|
| Name of the candidate | Suneeshna K.S. |
| Name of the School | GUPS Vattakottal |
| Name of the Revenue District | Pathanamthitta |

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

_____ Pin Code _____

Date of Examination **04.02.2017** from **10.30 am. to 11.30 am.**Venue of Examination : **M G M H S S Thiruvalla****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 initiative of SCERT Kerala**ROLL No: 0317018****ADMISSION CARD**

| | |
|------------------------------|----------------------------|
| Name of the candidate | Adarsh Kumar A.P. |
| Name of the School | BAMUPS Perumprakkad |
| Name of the Revenue District | Pathanamthitta |

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

_____ Pin Code _____

Date of Examination **04.02.2017** from **10.30 am. to 11.30 am.**Venue of Examination : **M G M H S S Thiruvalla****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 initiative of SCERT Kerala**ROLL No: 0317019****ADMISSION CARD**

| | |
|------------------------------|--------------------------|
| Name of the candidate | Karthika Santhosh |
| Name of the School | MTHS Ayroor |
| Name of the Revenue District | Pathanamthitta |

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

_____ Pin Code _____

Date of Examination **04.02.2017** from **10.30 am. to 11.30 am.**Venue of Examination : **M G M H S S Thiruvalla****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: 0317020****ADMISSION CARD**

| | |
|------------------------------|-----------------------|
| Name of the candidate | Dakshith.P |
| Name of the School | GUPS Pandalam |
| Name of the Revenue District | Pathanamthitta |

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

_____ Pin Code _____

Date of Examination **04.02.2017** from **10.30 am. to 11.30 am.**Venue of Examination : **M G M H S S Thiruvalla****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 initiative of SCERT Kerala**ROLL No: 0317021****ADMISSION CARD**

| | |
|------------------------------|------------------------|
| Name of the candidate | Sohan.T.Biju |
| Name of the School | GUPS Poozhikkad |
| Name of the Revenue District | Pathanamthitta |

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

_____ Pin Code _____

Date of Examination **04.02.2017** from **10.30 am. to 11.30 am.**Venue of Examination : **M G M H S S Thiruvalla****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: 0317022****ADMISSION CARD**

| | |
|------------------------------|--------------------------|
| Name of the candidate | Silpa.P |
| Name of the School | GHSS Thottakkonam |
| Name of the Revenue District | Pathanamthitta |

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

_____ Pin Code _____

Date of Examination **04.02.2017** from **10.30 am. to 11.30 am.**Venue of Examination : **M G M H S S Thiruvalla****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: 0317023****ADMISSION CARD**

| | |
|------------------------------|-------------------------|
| Name of the candidate | Bismi.B.Varghese |
| Name of the School | SKVUPS Thattayil |
| Name of the Revenue District | Pathanamthitta |

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

_____ Pin Code _____

Date of Examination **04.02.2017** from **10.30 am. to 11.30 am.**Venue of Examination : **M G M H S S Thiruvalla****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 initiative of SCERT Kerala**ROLL No: 0317024****ADMISSION CARD**

| | |
|------------------------------|-----------------------------|
| Name of the candidate | Aparna.S |
| Name of the School | SRVUPS Perumpulickal |
| Name of the Revenue District | Pathanamthitta |

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

_____ Pin Code _____

Date of Examination **04.02.2017** from **10.30 am. to 11.30 am.**Venue of Examination : **M G M H S S Thiruvalla****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 initiative of SCERT Kerala**ROLL No: 0317025****ADMISSION CARD**

| | |
|------------------------------|-----------------------------|
| Name of the candidate | Sunu Sabu |
| Name of the School | SRVUPS Perumpulickal |
| Name of the Revenue District | Pathanamthitta |

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

_____ Pin Code _____

Date of Examination **04.02.2017** from **10.30 am. to 11.30 am.**Venue of Examination : **M G M H S S Thiruvalla****Attested by the Head of the School** *(with Office Seal)***Signature of the Candidate****STATE COUNCIL OF EDUCATIONAL RESEARCH AND TRAINING (SCERT)**Vidyabhavan, Poojappura, Thiruvananthapuram
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| | |
|------------------------------|--|
| Name of the candidate | |
| Name of the School | |
| Name of the Revenue District | |

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

_____ Pin Code _____ Contact Ph. No. _____

Date of Examination

Venue of Examination :

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

**STATE COUNCIL OF EDUCATIONAL RESEARCH AND TRAINING (SCERT)**Vidyabhavan, Poojappura, Thiruvananthapuram
Kerala-695 012. Website www.scert.kerala.gov.in, e-mail scertkerala@gmail.com*Passport size
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an initiative of SCERT Kerala**ROLL No: 0317026****ADMISSION CARD**

| | |
|------------------------------|-----------------------------|
| Name of the candidate | Devu.A |
| Name of the School | SRVUPS Perumpulickal |
| Name of the Revenue District | Pathanamthitta |

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

_____ Pin Code _____

Date of Examination **04.02.2017** from **10.30 am. to 11.30 am.**Venue of Examination : **M G M H S S Thiruvalla****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 initiative of SCERT Kerala**ROLL No: 0317027****ADMISSION CARD**

| | |
|------------------------------|-----------------------|
| Name of the candidate | Manu.M |
| Name of the School | GUPS Pandalam |
| Name of the Revenue District | Pathanamthitta |

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

_____ Pin Code _____

Date of Examination **04.02.2017** from **10.30 am. to 11.30 am.**Venue of Examination : **M G M H S S Thiruvalla****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: 0317028****ADMISSION CARD**

| | |
|------------------------------|-------------------------|
| Name of the candidate | Ashik Muhammad |
| Name of the School | NSSBHSS Pandalam |
| Name of the Revenue District | Pathanamthitta |

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

_____ Pin Code _____

Date of Examination **04.02.2017** from **10.30 am. to 11.30 am.**Venue of Examination : **M G M H S S Thiruvalla****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: 0317029****ADMISSION CARD**

| | |
|------------------------------|-----------------------|
| Name of the candidate | ABHIJITH.P.A |
| Name of the School | UPS KOLLAMULA |
| Name of the Revenue District | Pathanamthitta |

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

_____ Pin Code _____

Date of Examination **04.02.2017** from **10.30 am. to 11.30 am.**Venue of Examination : **M G M H S S Thiruvalla****Attested by the Head of the School** *(with Office Seal)***Signature of the Candidate****STATE COUNCIL OF EDUCATIONAL RESEARCH AND TRAINING (SCERT)**Vidyabhavan, Poojappura, Thiruvananthapuram
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| | |
|------------------------------|--|
| Name of the candidate | |
| Name of the School | |
| Name of the Revenue District | |

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

_____ Pin Code _____ Contact Ph. No. _____

Date of Examination

Venue of Examination :

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

**STATE COUNCIL OF EDUCATIONAL RESEARCH AND TRAINING (SCERT)**Vidyabhavan, Poojappura, Thiruvananthapuram
Kerala-695 012. Website www.scert.kerala.gov.in, e-mail scertkerala@gmail.com*Passport size
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Institution)***NURTURING MATHEMATICAL TALENTS IN SCHOOLS (NuMATS)****State Level Aptitude Test – 2017****NuMATS**
an Institute of SCERT Kerala**ROLL No: 0317030****ADMISSION CARD**

| | |
|------------------------------|-------------------------|
| Name of the candidate | MANUMON.P.M |
| Name of the School | NSSHA MAKKAPUZHA |
| Name of the Revenue District | Pathanamthitta |

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

_____ Pin Code _____

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

| | |
|------------------------------|--|
| Name of the candidate | |
| Name of the School | |
| Name of the Revenue District | |

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

_____ Pin Code _____ Contact Ph. No. _____

Date of Examination

Venue of Examination :

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

**STATE COUNCIL OF EDUCATIONAL RESEARCH AND TRAINING (SCERT)**Vidyabhavan, Poojappura, Thiruvananthapuram
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Institution)***NURTURING MATHEMATICAL TALENTS IN SCHOOLS (NuMATS)****State Level Aptitude Test – 2017****NuMATS**
an Institute of SCERT Kerala**ROLL No: 0317031****ADMISSION CARD**

| | |
|------------------------------|-------------------------|
| Name of the candidate | ABIJITH.P.B |
| Name of the School | HS RANNY-PERINAD |
| Name of the Revenue District | Pathanamthitta |

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

_____ Pin Code _____

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

| | |
|------------------------------|--|
| Name of the candidate | |
| Name of the School | |
| Name of the Revenue District | |

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

_____ Pin Code _____ Contact Ph. No. _____

Date of Examination

Venue of Examination :

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

**STATE COUNCIL OF EDUCATIONAL RESEARCH AND TRAINING (SCERT)**Vidyabhavan, Poojappura, Thiruvananthapuram
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an initiative of SCERT Kerala**ROLL No: 0317032****ADMISSION CARD**

| | |
|------------------------------|--------------------------------|
| Name of the candidate | ARATHY.R |
| Name of the School | GHSS VECHOOCHIRA COLONY |
| Name of the Revenue District | Pathanamthitta |

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

_____ Pin Code _____

Date of Examination **04.02.2017** from **10.30 am. to 11.30 am.**Venue of Examination : **M G M H S S Thiruvalla****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: 0317033****ADMISSION CARD**

| | |
|------------------------------|-----------------------|
| Name of the candidate | JIBIL SHAJI |
| Name of the School | MSHSS RANNY |
| Name of the Revenue District | Pathanamthitta |

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

_____ Pin Code _____

Date of Examination **04.02.2017** from **10.30 am. to 11.30 am.**Venue of Examination : **M G M H S S Thiruvalla****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: 0317034****ADMISSION CARD**

| | |
|------------------------------|-------------------------|
| Name of the candidate | JIBIN.K.JOSEPH |
| Name of the School | HS RANNY-PERUNAD |
| Name of the Revenue District | Pathanamthitta |

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

_____ Pin Code _____

Date of Examination **04.02.2017** from **10.30 am. to 11.30 am.**Venue of Examination : **M G M H S S Thiruvalla****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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| | |
|------------------------------|-------------------------|
| Name of the candidate | ANANYA.S.KARTHIK |
| Name of the School | GUPS MANTHUKAA |
| Name of the Revenue District | Pathanamthitta |

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

_____ Pin Code _____

Date of Examination **04.02.2017** from **10.30 am. to 11.30 am.**Venue of Examination : **M G M H S S Thiruvalla****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 initiative of SCERT Kerala**ROLL No: 0317036****ADMISSION CARD**

| | |
|------------------------------|-------------------------------|
| Name of the candidate | NANDU RAJESH |
| Name of the School | SMSGUPS CHANDANAKKUNNU |
| Name of the Revenue District | Pathanamthitta |

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

_____ Pin Code _____

Date of Examination **04.02.2017** from **10.30 am. to 11.30 am.**Venue of Examination : **M G M H S S Thiruvalla****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: 0317037****ADMISSION CARD**

| | |
|------------------------------|-------------------------|
| Name of the candidate | SREEKUTTAN P.S |
| Name of the School | GSNDPUPS VALLANA |
| Name of the Revenue District | Pathanamthitta |

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

_____ Pin Code _____

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

| | |
|------------------------------|--|
| Name of the candidate | |
| Name of the School | |
| Name of the Revenue District | |

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

_____ Pin Code _____ Contact Ph. No. _____

Date of Examination

Venue of Examination :

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

**STATE COUNCIL OF EDUCATIONAL RESEARCH AND TRAINING (SCERT)**Vidyabhavan, Poojappura, Thiruvananthapuram
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Institution)***NURTURING MATHEMATICAL TALENTS IN SCHOOLS (NuMATS)****State Level Aptitude Test – 2017****NuMATS**
an Institute of SCERT Kerala**ROLL No: 0317038****ADMISSION CARD**

| | |
|------------------------------|-----------------------|
| Name of the candidate | ALEENA.B.SAJI |
| Name of the School | GUPS MANTHUKAA |
| Name of the Revenue District | Pathanamthitta |

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

_____ Pin Code _____

Date of Examination **04.02.2017** from **10.30 am. to 11.30 am.**Venue of Examination : **M G M H S S Thiruvalla****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: 0317039****ADMISSION CARD**

| | |
|------------------------------|-----------------------|
| Name of the candidate | Athul Kampiyil |
| Name of the School | GHS KALANJOOR |
| Name of the Revenue District | Pathanamthitta |

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

_____ Pin Code _____

Date of Examination **04.02.2017** from **10.30 am. to 11.30 am.**Venue of Examination : **M G M H S S Thiruvalla****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 initiative of SCERT Kerala**ROLL No: 0317040****ADMISSION CARD**

| | |
|------------------------------|-----------------------|
| Name of the candidate | Divya Nair |
| Name of the School | RVHSS KONNI |
| Name of the Revenue District | Pathanamthitta |

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

_____ Pin Code _____

Date of Examination **04.02.2017** from **10.30 am. to 11.30 am.**Venue of Examination : **M G M H S S Thiruvalla****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 initiative of SCERT Kerala**ROLL No: 0317041****ADMISSION CARD**

| | |
|------------------------------|-------------------------------|
| Name of the candidate | Anandha Krishnan |
| Name of the School | ST: THOMAS UPS VAKAYAR |
| Name of the Revenue District | Pathanamthitta |

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

_____ Pin Code _____

Date of Examination **04.02.2017** from **10.30 am. to 11.30 am.**Venue of Examination : **M G M H S S Thiruvalla****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 | Sandhya S |
| Name of the School | GVHSS KOODAL |
| Name of the Revenue District | Pathanamthitta |

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

_____ Pin Code _____

Date of Examination **04.02.2017** from **10.30 am. to 11.30 am.**Venue of Examination : **M G M H S S Thiruvalla****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: 0317043****ADMISSION CARD**

| | |
|------------------------------|--------------------------|
| Name of the candidate | Abhiya Ajeesh |
| Name of the School | GWUPS THANNITHODU |
| Name of the Revenue District | Pathanamthitta |

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

_____ Pin Code _____

Date of Examination **04.02.2017** from **10.30 am. to 11.30 am.**Venue of Examination : **M G M H S S Thiruvalla****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: 0317044****ADMISSION CARD**

| | |
|------------------------------|--------------------------|
| Name of the candidate | Arjun Mohan |
| Name of the School | GWUPS THANNITHODU |
| Name of the Revenue District | Pathanamthitta |

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

_____ Pin Code _____

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

| | |
|------------------------------|--|
| Name of the candidate | |
| Name of the School | |
| Name of the Revenue District | |

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

_____ Pin Code _____ Contact Ph. No. _____

Date of Examination

Venue of Examination :

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

**STATE COUNCIL OF EDUCATIONAL RESEARCH AND TRAINING (SCERT)**Vidyabhavan, Poojappura, Thiruvananthapuram
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an Institute of SCERT Kerala**ROLL No: 0317045****ADMISSION CARD**

| | |
|------------------------------|--------------------------|
| Name of the candidate | MANAZ MOHAN |
| Name of the School | CMSHSS MALLAPALLY |
| Name of the Revenue District | Pathanamthitta |

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

_____ Pin Code _____

Date of Examination **04.02.2017** from **10.30 am. to 11.30 am.**Venue of Examination : **M G M H S S Thiruvalla****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: 0317046****ADMISSION CARD**

| | |
|------------------------------|--------------------------|
| Name of the candidate | ANJU PRAKASH |
| Name of the School | CMSHSS MALLAPALLY |
| Name of the Revenue District | Pathanamthitta |

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

_____ Pin Code _____

Date of Examination **04.02.2017** from **10.30 am. to 11.30 am.**Venue of Examination : **M G M H S S Thiruvalla****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 initiative of SCERT Kerala**ROLL No: 0317047****ADMISSION CARD**

| | |
|------------------------------|-------------------------------|
| Name of the candidate | MARIA NIKKU THOMAS |
| Name of the School | ST.GEORGE HS KOTTANGAL |
| Name of the Revenue District | Pathanamthitta |

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

_____ Pin Code _____

Date of Examination **04.02.2017** from **10.30 am. to 11.30 am.**Venue of Examination : **M G M H S S Thiruvalla****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: 0317048****ADMISSION CARD**

| | |
|------------------------------|---------------------------------|
| Name of the candidate | ASWINMON RAJESH |
| Name of the School | ST.JOSEPH'S HS KULATHOOR |
| Name of the Revenue District | Pathanamthitta |

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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an Institute of SCERT Kerala**ROLL No: 0317049****ADMISSION CARD**

| | |
|------------------------------|---------------------------------|
| Name of the candidate | SUJINI KRISHNAN |
| Name of the School | ST.PHILOMINAS MALAPPALLY |
| Name of the Revenue District | Pathanamthitta |

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

_____ Pin Code _____

Date of Examination **04.02.2017** from **10.30 am. to 11.30 am.**Venue of Examination : **M G M H S S Thiruvalla****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: 0317050****ADMISSION CARD**

| | |
|------------------------------|---------------------------------|
| Name of the candidate | STEBIN.T.S |
| Name of the School | ST.PHILOMINAS MALAPPALLY |
| Name of the Revenue District | Pathanamthitta |

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

_____ Pin Code _____

Date of Examination **04.02.2017** from **10.30 am. to 11.30 am.**Venue of Examination : **M G M H S S Thiruvalla****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 initiative of SCERT Kerala**ROLL No: 0317051****ADMISSION CARD**

| | |
|------------------------------|-------------------------|
| Name of the candidate | SAJITH M.S |
| Name of the School | GHS KOZHENCHERRY |
| Name of the Revenue District | Pathanamthitta |

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

_____ Pin Code _____

Date of Examination **04.02.2017** from **10.30 am. to 11.30 am.**Venue of Examination : **M G M H S S Thiruvalla****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: 0317052****ADMISSION CARD**

| | |
|------------------------------|-------------------------|
| Name of the candidate | JUSTIN P JOHNSON |
| Name of the School | GHS KOZHENCHERRY |
| Name of the Revenue District | Pathanamthitta |

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

_____ Pin Code _____

Date of Examination **04.02.2017** from **10.30 am. to 11.30 am.**Venue of Examination : **M G M H S S Thiruvalla****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: 0317053****ADMISSION CARD**

| | |
|------------------------------|-------------------------|
| Name of the candidate | ADITHYA ANIL |
| Name of the School | GHS KOZHENCHERRY |
| Name of the Revenue District | Pathanamthitta |

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

_____ Pin Code _____

Date of Examination **04.02.2017** from **10.30 am. to 11.30 am.**Venue of Examination : **M G M H S S Thiruvalla****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 initiative of SCERT Kerala**ROLL No: 0317054****ADMISSION CARD**

| | |
|------------------------------|------------------------------|
| Name of the candidate | ROHITH REGU |
| Name of the School | SNDP HSS MUTTATUKONAM |
| Name of the Revenue District | Pathanamthitta |

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

_____ Pin Code _____

Date of Examination **04.02.2017** from **10.30 am. to 11.30 am.**Venue of Examination : **M G M H S S Thiruvalla****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 | RENJITH RAJ |
| Name of the School | DBHSS TVLA |
| Name of the Revenue District | Pathanamthitta |

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

_____ Pin Code _____

Date of Examination **04.02.2017** from **10.30 am. to 11.30 am.**Venue of Examination : **M G M H S S Thiruvalla****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
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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 | SREENANDA ANIL |
| Name of the School | MGMHSS TVLA |
| Name of the Revenue District | Pathanamthitta |

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

_____ Pin Code _____

Date of Examination **04.02.2017** from **10.30 am. to 11.30 am.**Venue of Examination : **M G M H S S Thiruvalla****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 | ABINAND SANTHOSH |
| Name of the School | THIRUMOOLAVILASAM UPS |
| Name of the Revenue District | Pathanamthitta |

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

_____ Pin Code _____

Date of Examination **04.02.2017** from **10.30 am. to 11.30 am.**Venue of Examination : **M G M H S S Thiruvalla****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: 0317058****ADMISSION CARD**

| | |
|------------------------------|-------------------------|
| Name of the candidate | ABHIMAI SATHEESH |
| Name of the School | GUPS KADAPRA |
| Name of the Revenue District | Pathanamthitta |

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

_____ Pin Code _____

Date of Examination **04.02.2017** from **10.30 am. to 11.30 am.**Venue of Examination : **M G M H S S Thiruvalla****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: 0317059****ADMISSION CARD**

| | |
|------------------------------|---------------------------|
| Name of the candidate | SONA ANNA CHERIYAN |
| Name of the School | MSMUPS NIRANAM |
| Name of the Revenue District | Pathanamthitta |

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

_____ Pin Code _____

Date of Examination **04.02.2017** from **10.30 am. to 11.30 am.**Venue of Examination : **M G M H S S Thiruvalla****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: 0317060****ADMISSION CARD**

| | |
|------------------------------|-----------------------|
| Name of the candidate | SANGEETHA.S |
| Name of the School | GUPS KADAPRA |
| Name of the Revenue District | Pathanamthitta |

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

_____ Pin Code _____

Date of Examination **04.02.2017** from **10.30 am. to 11.30 am.**Venue of Examination : **M G M H S S Thiruvalla****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: 0317061****ADMISSION CARD**

| | |
|------------------------------|-----------------------------------|
| Name of the candidate | ANJALI KRISHNA |
| Name of the School | THIRUMOOLAVILASAM UPS TVLA |
| Name of the Revenue District | Pathanamthitta |

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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| | |
|------------------------------|-------------------------|
| Name of the candidate | AMAL SABU |
| Name of the School | DBHSS THIRUVALLA |
| Name of the Revenue District | Pathanamthitta |

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

_____ Pin Code _____

Date of Examination **04.02.2017** from **10.30 am. to 11.30 am.**Venue of Examination : **M G M H S S Thiruvalla****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: 0317063****ADMISSION CARD**

| | |
|------------------------------|---------------------------------------|
| Name of the candidate | Amelia Anna Binsu |
| Name of the School | Catholicate HSS Pathanamthitta |
| Name of the Revenue District | Pathanamthitta |

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

_____ Pin Code _____

Date of Examination **04.02.2017** from **10.30 am. to 11.30 am.**Venue of Examination : **M G M H S S Thiruvalla****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: 0317064****ADMISSION CARD**

| | |
|------------------------------|---------------------------|
| Name of the candidate | Niya Anna Varghese |
| Name of the School | ABHS Omalloor |
| Name of the Revenue District | Pathanamthitta |

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

_____ Pin Code _____

Date of Examination **04.02.2017** from **10.30 am. to 11.30 am.**Venue of Examination : **M G M H S S Thiruvalla****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 | Alkha.S |
| Name of the School | Catholicate HSS Pathanamthitta |
| Name of the Revenue District | Pathanamthitta |

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

_____ Pin Code _____

Date of Examination **04.02.2017** from **10.30 am. to 11.30 am.**Venue of Examination : **M G M H S S Thiruvalla****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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| | |
|------------------------------|--------------------------|
| Name of the candidate | Amina.N |
| Name of the School | DPMUPS Pezhumpara |
| Name of the Revenue District | Pathanamthitta |

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

_____ Pin Code _____

Date of Examination **04.02.2017** from **10.30 am. to 11.30 am.**Venue of Examination : **M G M H S S Thiruvalla****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: 0317067****ADMISSION CARD**

| | |
|------------------------------|---------------------------|
| Name of the candidate | Abhimanya.M |
| Name of the School | SNUPS Kochukoickal |
| Name of the Revenue District | Pathanamthitta |

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

_____ Pin Code _____

Date of Examination **04.02.2017** from **10.30 am. to 11.30 am.**Venue of Examination : **M G M H S S Thiruvalla****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 | Arya Prasad |
| Name of the School | CMSHS Kumpalampoikaq |
| Name of the Revenue District | Pathanamthitta |

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

_____ Pin Code _____

Date of Examination **04.02.2017** from **10.30 am. to 11.30 am.**Venue of Examination : **M G M H S S Thiruvalla****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: 0317069****ADMISSION CARD**

| | |
|------------------------------|-----------------------------------|
| Name of the candidate | Gayathri Manoharan |
| Name of the School | St Marys HS Pathanamthitta |
| Name of the Revenue District | Pathanamthitta |

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

_____ Pin Code _____

Date of Examination **04.02.2017** from **10.30 am. to 11.30 am.**Venue of Examination : **M G M H S S Thiruvalla****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: 0317070****ADMISSION CARD**

| | |
|------------------------------|------------------------------|
| Name of the candidate | Akhila.P. Anil |
| Name of the School | SNDPUPS Malayalapuzha |
| Name of the Revenue District | Pathanamthitta |

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

_____ Pin Code _____

Date of Examination **04.02.2017** from **10.30 am. to 11.30 am.**Venue of Examination : **M G M H S S Thiruvalla****Attested by the Head of the School** *(with Office Seal)***Signature of the Candidate****STATE COUNCIL OF EDUCATIONAL RESEARCH AND TRAINING (SCERT)**Vidyabhavan, Poojappura, Thiruvananthapuram
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| Name of the candidate | |
| Name of the School | |
| Name of the Revenue District | |

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

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Date of Examination

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| | |
|------------------------------|-----------------------------------|
| Name of the candidate | Ashna Nezar |
| Name of the School | St Marys HS Pathanamthitta |
| Name of the Revenue District | Pathanamthitta |

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

_____ Pin Code _____

Date of Examination **04.02.2017** from **10.30 am. to 11.30 am.**Venue of Examination : **M G M H S S Thiruvalla****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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