## COUNCIL OF HIGHER SECONDARY EDUCATION, MANIPUR

APPLICATION FORM FOR ADMISSION TO CLASS XI Arts/Science/Commerce IN 8 GOVT. HR. SEC. SCHOOLS IN AND AROUND IMPHAL NOTE: PLEASE READ THE INSTRUCTIONS CAREFULLY BEFORE FILLING UP THE APPLICATION FORM

The Application form should be filled up in Capital Letters only.

Use Blue or Black colour ball point pen only.

The last date of submission of duly filled in application form at the Council of Hr. Sec. Education, Manipur is 23rd May, 2015. Incomplete forms/documents shall be liable to be rejected

1.	Name of the Candidate:															
											T					
2.	Father's Name:		***************************************													
3.	Roll No. of H.S.L.C. Examination :		4. Ye	ar of pa	ssing:		5.	Name	of Boa	ard :						
6.	Date of Birth:	7. Gender	_ :		8. Cate	gory:			9. O.E	 ∃.C.						
	(Tick appropriate one)					(Tick appropriate one)				(Specify whether Meitei/ Meitei Pangal/						
	D D M M Y Y Y Y	Male Female	<u>.                                      </u>		Ger SC	+	ST BC									
10.	If differently abled (not less than 40% as pe			_ Sabilitie:	L			— oriate or	ne):							
	Hearing					ion/Blind (VH)					Locomotor Disability/C.Palsy(OH)					
11.						l)			% of disability							
11.	Stream of Course applied for Science   Arts   Commerce   (if a candidate wishes to apply for one or more Streams, then mention the Streams in order of preference otherwise just write the Stream in the 1st Preference Column)															
	1st Preference		2nd Prefe	erence		THE STATE OF THE SECTION ASSESSMENT OF THE S			3r	d Prefer	ence					
12.	School preference:							-								
	1st Preference		4th Preference													
	2nd Preference	, , , , , , , , , , , , , , , , , , , ,		5th Pre												
	3rd Preference		6th Preference													
Signature of the Applicant :  Signature of the Candidate :  Roll No.						,					Paste one recent passport size photograph here					
Signa 	ature of receiving Official with seal :	(To	be filled	up by ti	he Counc	il)										
	ACKNOWLEDGEME	NT SLIF	P/AD	MIT	CARE					<b>N</b> T						
	(To be issued	to the applic	cant)					J	Roll	No.						
Recei	ved a duly filled in Application Form along w	ith processin	ng fee (R	ls	/-)	in respe	ect of :									
Mr./M	5.												recent			
of (ad	dress)	·	N. F. Course have supplied a co									ssport ograph				
Date of	of Receipt of Application Form:															

<sup>\*\*\*</sup> Submit this form only.