



**To be filled by the Head of the Institution**

**Certified that :**

- (1) Master/Miss ..... is a regular student of this School/Institution and he/she has secured  % mark in the class VII annual promotion examination i.e. when he/she was promoted from Class VII to Class VIII He/She has secured .....marks out of .....(Candidate must fulfill the criteria announced by the State & enclose a photocopy of progress report)
- (2) The particulars given by him/her in the applicatoin form have been verified and found in order.
- (3) Master/Miss ..... belongs to Scheduled Caste/Scheduled Tribe/OBC/Disability category as per the records maintained in the Institution. (to be filled for SC/ST candidates only) **(Please enclose SC/ST/Disability certificate)**
- (4) Master/Miss ..... belongs to economically weaker section (income not exceeding Rs. 3,50,000 p.a.) **(Please enclose income certificate of parents issued by the Competent Authority)**

Date

.....  
Signature of the Head of the Institution  
with seal

.....  
(Signature of the Candidate)

.....  
(Signature of the District Liaison Officer)  
with seal

.....  
Counter-signature of the Zonal  
Education Officer (with seal)

**CODING PLAN**

**Read Instructions carefully before filling up the Application Form**

1. Use only Blue or Black Ball Point Pen. WRITE IN CAPITAL LETTERS . Do not mark or write outside the boxes.
2. Leave one box blank between two words. Limit your name and / or address within the space provided for it. Please see example as given below.
3. Cross (X) only one of the appropriate boxes in item nos. 4, 5, 6, 7, 10, 11, 15.
4. It is the responsibility of the candidate and the Head of the Institution to deposit the filled-in Application Form to the District Liaison Officer Concerned before the last date. No request for condoning delay in submission will be entertained whether it is due to the fault of the candidate or the Head of the Institution concerned.
5. INCOMPLETE OR WRONG ENTRY OR DEFECTIVE APPLICATIONS ARE LIABLE TO BE REJECTED.

EXAMPLE FOR WRITING NAME AND ADDRESS :

Father's Name

P C H A O B A S I N G H

POSTAL ADDRESS : Do not try to write complete address in one line. Break it appropriately as shown below.

K H U M A N T H E M L E I K A I  
U R I P O K I M P H A L

Education of Father/Mother (Refer to Item No. 14)	
Education	Code
Up to Primary	1
Upper Primary	2
Secondary	3
Senior Secondary	4
Graduate	5
Post Graduate	6
Doctorate	7
Professional Degree (Engineering, Medicine, MCA, MBA etc.)	8
Any other	9

Father's/Mother's Occupation (Refer to Item No. 13)	
Occupation	Code
Professoinal, technical and Related Worker	1
Administrative, Executive and Management Worker	2
Clerical and Related Worker	3
Sales/Service Worker	4
Farmer, Fisherman and Related Worker	5
Production and Related Worker, Transport	6
Operators and Labourer Worker not classified by the above occupation	7
Not employed	8

District/Zone Code No.

\*TYPE OF SCHOOL INSTITUTION (refer to item No. 10)

Government : A Government school is that which is run by the State Government or Centre Government or Public Sector Undertaking or an Autonomous Organisation completely financed by the Government.

Location : A Local Body School is that which is run by Panchayati Raj and local body institutions such as Zila Parishad, Municipal Corporation, Municipal Committee, Notified Committee and Cantonment Board.

Govt. Aided : A Government Aided School is that which is run by an individual or a private organisation and receives grant from Government or local body.

Check-lists: 1. Aadhaar Xerox Copy 2. Category Certificate (whenever applicable) 3. Income Certificate (Compulsory) 4. Class VIII reading certificate 5. One passport photo

**NATIONAL MEANS-CUM-MERIT SCHOLARSHIP EXAMINATION, 2024**  
(For Class VIII studying students)

Name of the State : MANIPUR  
(which will conduct the Examination)

**ADMISSION CARD**

Affix passport size  
photograph duly attested  
by the Head of the  
Institution

To be filled in by the applicant

Master/Miss .....

Date of birth .....

S/o, D/o, Shri .....

of (School) .....

of (District/Centre) .....

is permitted to appear in the NMMS Examination, 2024

Full Postal Address .....

PIN Code ..... Mobile No .....

She/He is allotted 12 digits Roll Number :

Scheme Code	State Code	Year	Centre Code	Serial No. (to be filled in the office)	Class
0 3	1 3	2 4			0 8

Date of Examination : Sunday, the 10th Nov. 2024 [ First Session : 10.30 am to 12 noon (MAT)  
Second Session : 12.30 pm to 2.00 pm (SAT) ]

Venue of Examination Centre :

.....  
.....

Signature of the District Liaison Officer,  
NMMS Exam with seal

Signature of the Head of the Institution  
with seal

Signature of the Invigilator  
of the Examination Centre

Signature of the Candidate  
of the presence of Invigilator

MAT .....  
SAT .....