



GOVERNMENT OF KERALA
DIRECTORATE OF MINORITY WELFARE

APPLICATION FOR NTSE COACHING

Name of Student		Add Passport Size Photo of Applicant
Name of Father/Mother		
Name of School & Address		
Address of Applicant (Home)		
District		
Religion		
Date of Birth	/ /	
Class		
Percentages of Marks in Previous Class:		
Occupation of the Parent		
Annual Income		
Contact Number		
E-mail id		

Date	/ /	Signature :
Place		

(P.T.O)



Recommendation of the Head Master

I Certified that Sri / Kumari : Class : is
studying in this School and he/she has secured above 55% mark in previous year
school examination.

Place :
Date :

Signature with Name

(Office Seal)

		Date
Signature	Name	Place