Application Form SAWARAN JAYANTI MIDDLE MERIT SCHOLARSHIP EXAMINATION, 2023-24 (For the Students of Class V Studying in Govt. Schools of H.P.)

The statems of class vistadying in dovt. Schools of H.F

Application form will be filled by the Class Teacher of the Students

Date of Examination: 25-02-2024 (Sunday)

Time of Examination/Duration of Examination: 11.00 am to 1.15 pm (2:15 hours)
Name & Address of the Agency for Conducting Examination: SCERT, Solan (H.P.)

Space for the Photograph (Passport size)

The Photograph should be endorsed by the Head Teacher

State Level 11 Digit Ro	1 Number (to be)	~11 . 1 . 1	NEED 00						th	e Head T	eacher
		illed at E	BEEO offi	ce)							
Year District Code Centre Code Serial No. (Office to fill) Class						Class Date of B					
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2. Father's Name (Do n	ot write Mr. /Dr.	.)									
	1.00										
3. Mother's Name (Do	not write Mrs./D	r.)									
4. Sex (Tick):	1	2									
	Male	Fema	ale 1		2						
5.Area in which the Can	didate resides (T	ick):		l L							
6. Name and Address of	the School in w h	nich the	Rura Student is		Urban ø in Cl	ass V					
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7. Medium of Examinati	ion (Tick):	Н	indi/ Eng	lish							
8. Mobile Number of Par	rent:				*-	. 1	1]	
9. Mobile Number of He	ad Teacher:		T		Ė	Ŧ	Ť			ī	
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10. E-mail Address of Sc	hool:		×								
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11. UDISE Code of School	01:		 			\dashv		1	1	-	
12. Aadhar Card Numbe	r of Student:										
To be filled by the concer	ned CHT of the	school					-				-
Certified that:											
(1) Master/Miss					is	a regul	lar stud	lent of	class V	of this	School.
(2) The particulars given by	him/her in the a	pplicatio	on form h	ave been	verifie	d and	found i	n order			
(2) The particulars given by	minimier in the a	PP									
Date											
										C4L - C	шт
Signature of the Head Teacher						Signature of the CHT With seal					