

**Note :** Fill the form in **CAPITAL letters**.  
Use tick marks wherever required.

## Registration form : NSTSE - 2017

Name of the Student: \_\_\_\_\_

Gender: Male ☐ Female ☐

Name of the Parent / Guardian : \_\_\_\_\_

Address for correspondence : \_\_\_\_\_

State: \_\_\_\_\_ PIN: \_\_\_\_\_

STD Code: \_\_\_\_\_ Phone No.: \_\_\_\_\_ Mobile No.: \_\_\_\_\_

*We use this mobile number for all updates.*

E-mail : \_\_\_\_\_

Name & Address of the school: \_\_\_\_\_

PIN: \_\_\_\_\_ Ph: \_\_\_\_\_

**Class:** 2 ☐ 3 ☐ 4 ☐ 5 ☐ 6 ☐ 7 ☐ 8 ☐ 9 ☐ 10 ☐ 11(PCM) ☐ 11(PCB) ☐ 12(PCM) ☐ 12(PCB) ☐

*(There is no exam for 11 & 12 PCMB)*

Centre Code Centre Name

Name of the Test Centre: Option (1): ☐ ☐ ☐ ☐ \_\_\_\_\_  
(Select from the list printed overleaf)

Option (2): ☐ ☐ ☐ ☐ \_\_\_\_\_

*Agree with the terms and conditions given on the reverse of this registration form.*

Signature of the Student: \_\_\_\_\_

Signature of the Parent / Guardian: \_\_\_\_\_

Details of D.D.: Amount Rs. \_\_\_\_\_ D.D. No.: \_\_\_\_\_ Dated: \_\_\_\_\_ Name of the Bank: \_\_\_\_\_

**Note:** Please write your name and address on back of the Demand Draft.

### Feedback :

Dear Student, your feedback is very valuable to us for holding this programme. Kindly indicate how you got to know about the NSTSE

School: ☐ Friend: ☐ Direct Mailer: ☐ Internet: ☐ Newspaper Advertisement: ☐

**For office use only:** Reviewed by: \_\_\_\_\_

Registration Form is OK ☐ Not OK ☐ Dt.: \_\_\_\_\_

If not OK, Scrutiny Form No.: \_\_\_\_\_

Co-ordinator's ID No.: \_\_\_\_\_