# KERALA GANITHA SASTHRA PARISHAD

MANARCAD P.O., KOTTAYAM - 686019
PH : 9447806929,9495538322

## MATHS TALENT SEARCH SCHOLARSHIP EXAMINATION

## (MTSE- 2017)

REGISTRATION FORM

Name of School & Address . .....

..... Pin Code.....Ph:(Off)..... Dist... .....

Name of the School Co-ordinator..... Ph: (Mob).....

| DETAILS OF PARTICIPATING STUDENTS | | DETAILS OF REGISTRATION FEE |
|---|---|---|
| SYLLABUS | No. Students | Total Fee to be collected |
| Kerala | (a) = ..... | Rs 50 x (a) ..... = Rs ..... |
| CBSE / ICSE | (b) = ..... | Rs 60 x (b) ..... = Rs ..... |
| Grand Total (a) + (b) | = ..... | Grand Total (A) = Rs ..... |

Amount to be taken for the expenses of conducting MTSE (Preliminary) : (B) = (20% of A) = Rs .....

Balance Amount to be sent to the secretary by MO/DD = (A) - (B) = Rs .....

| DETAILS OF QUESTION PAPERS REQUIRED | | | | DETAILS OF MTSE GUIDES (IF REQUIRED ONLY) | | | |
|---|---|---|---|---|---|---|---|
| Class | Syllabus (Kerala/ CBSE/ICSE | Medium E/M | No. of Question Papers | Class | Unit Price | No. of Guides required | Total price |
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| | | | | | Grant Total (A) = Rs..... | | |
| | | | | | Discount (B) = 20% of (A) = Rs..... | | |
| | | | | | Balance Amount to be send (A)-(B) = Rs..... | | |

N/B: (1) Kindly send the details of the Qn. Papers & MTSE Guides (to be sent) in the prescribed 'Format' given above.
(2) Fee for Registration and prices of guides shall be sent together by MO/DD
(3) DD Number/MO Number ..... Amount Rs. ..... Dated: .....

(School Seal) Signature of Principal/HM

| Sl No. | Name of Student (in Capital letters) | Class | Medium M/E | Register Number | Marks Scored | Remarks |
|---|---|---|---|---|---|---|
| | | | | (For Office Use only) | | |
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