"6-MONTH REMEDIAL COACHING
UNDER CM'S LAIRIK HEIMINNASHI PROGRAMME"

Implemented by MOBEDS for classes ***VIII-X***
Funded by Department of Minority Affairs, OBC & SC, Govt. of Manipur

Photograph

Name of Coaching Centre (as per preference) :

1. ……..…….
2. ……...
3. ……

Student Application Form
for Class .....

Sl. No. ……

1. Name of the Student (In Capital Letters) : ……
2. Date of Birth : ……..…. (dd/mm/yy)
3. Name of the Parents/Guardians : ……
4. Occupation of Parents/Guardians : ……
5. Parents Income per annum : ……
6. Category (*Gen/OBC/SC/Minority*) : ……
7. Postal Address : ……
   ……
8. Mobile No. (Student) ……..…..…. (Parents/Guardians) ……....……....……
9. Name of the Institution/School (Present Studying) : ……
   ……....
10. Last exam passed : ……
11. Present Class : ……
12. Marks/Percentage secured in the Last Examination : ……

I request you to admit me to the above course and I agree to abide by Rules and Regulations of the Institution.

Place :
Date :

Signature of the Parents/Guardians Signature of the Student

Documents to be attached with Application From:

1. Aadhar xerox copy
2. Last Exam marks sheet xerox copy
3. Two passport size photograph.