

**Mathematics Training and Talent Search Programme**  
(Funded by the National Board for Higher Mathematics, Government of India)

**Application Form for Mini MTTs Programmes**

Name of the programme applying now :

Programme venue with state :

Dates of the programme -: From \_\_\_\_/\_\_\_\_/\_\_\_\_ To \_\_\_\_/\_\_\_\_/\_\_\_\_

1) Name of the applicant:	Mr./ Ms.
2) Gender	Male/Female/Other
3) Age & Date of birth	____ Years , DOB : ____/____/____
4) Level (in which participation is desired)	O
5) Present Course of Study	Course name:  Semester :  Main Subject :
6) Institute Address	Name of the institute and locality:  Post Office : District: State : PIN : Affiliated to :
7) Correspondence Address	Address:  Post Office : District: State : PIN :
8) Phone	Mobile : Land Phone (with STD Code):

9) Email (in BLOCK letters)	(Please fill carefully without any spelling mistakes. Write each letter separately so that there won't be any confusion in reading it.)
10) Recommending Teacher	Name & Full Official Address with designation  Email:

11) Academic Performance

SSLC/ Equivalent	Name of the board of examination :
	Year of examination :

SL No.	Name of Math/Physics Paper	Mark/Grade	Percentage

HSE/Plus-Two/ Equivalent	Name of the board of examination :
	Year of examination :

SL No.	Name of Math/Physics Paper	Mark/Grade	Percentage

Present course marks (BSc Degree/ Equivalent)	Name of the University :
	Year of admission:

SL No.	Semester	Name of Math/Physics/Statistics Paper	Mark/Grade	Percentage


12) Have you participated in any MTTS/ Mini MTTS programmes in the past? Please give details like the year, camp, level and the serial number:	
13) Have you participated in any other mathematical activities? Please give details.	
14) Are you a recipient of any merit scholarship, any certificates of merit? Please give details.	

**Declaration by the candidate**

I, \_\_\_\_\_ hereby confirm that the above details entered by me are true to the best of my knowledge and belief. I know that if any of the details given above are found to be wrong, I will be liable to and agree to pay the full expenses MTTS might have met for me. I also hereby agree to participate in the programme, if selected, obeying all the rules of the programme as well as that of the hosting institute.

Signature of the applicant with date

**Certificate from the recommending teacher**

I hereby certify that \_\_\_\_\_ is a student well known to me and that I consider his/her mathematical ability to be good enough to make him eligible to participate in the programme. I also certify that I have verified his date of birth, other details, and examination certificates and have found that all the details entered above including the marks/grades are correct. He/she may be considered for participation in the programme.

Name of the recommending teacher

Signature

Date:

Seal of Institution

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This application form along with recommendation form should be posted to the address (most probably, of the local co-ordinator of the programme) mentioned in the programme details page in the MTTS website [www.mtts.org.in](http://www.mtts.org.in).

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**Evaluation/recommendation form**

Name of the applicant :

Course and present semester :

Institution of the applicant :

Dear Professor,

The Courses offered at the Programme will be intensive and require active participation from the students. Based on our experience for the last few years we find certain traits are essential to get the maximum out of this Programme. In this regard, we request you to comment upon the following points. We thank you very much for your valuable comments.

The following questions from 1 to 4 are to be answered as numbers on a scale of 0 to 10, (0 for the lowest and 10 for the highest) on the student's ability.

- |                                   |                      |   |                      |
|-----------------------------------|----------------------|---|----------------------|
| 1. Motivation for higher studies: | <input type="text"/> | 2. Capacity to grasp new concepts:                    | <input type="text"/> |
| 3. Problem solving ability:       | <input type="text"/> | 4. Perseverance and determination to attain the goal: | <input type="text"/> |

5. Mathematical background:                      Poor | Fair | Good | Excellent

6. Has he/she ever consulted you for doubts in Mathematics? asked you a question? If so, what was the question?:

7. If any of your students had participated in the Programme earlier, please compare the present one with them:

8. Any other comments (especially if the student is awarded exceptional points above):

9. Order of preference of students (for whom you are submitting recommendations this year). :

Date: \_\_ \_\_ / \_\_ \_\_ / \_\_ \_\_ \_\_ \_\_

Signature of the teacher

Mobile number of the teacher : +91 \_\_ \_\_ \_\_ \_\_ \_\_ \_\_ \_\_ \_\_ \_\_ \_\_  
(so that we can contact you, if required, while screening the applications)

Seal of Institution

After affixing your signature, please put this recommendation form in a sealed envelope, write on the top of the cover, in BOLD letters RECOMMENDATION FOR (Programme name with venue) and ask your student to post it together with his/her application form. You need not reveal the contents of your recommendation/evaluation to your student.