



GOVERNMENT OF TRIPURA
STATE COUNCIL OF EDUCATIONAL RESEARCH AND TRAINING
ABHOYNAGAR, AGARTALA, WEST TRIPURA-799005

Annexure-I

Question Paper Opening Form

Name of the Examination : Tripura **Science / Mathematics** Talent Search
Examination-2025 (IX).

Name of the Centre : _____ Centre Code _____
District _____ Block _____

We the undersigned hereby certify that the sealed envelope / envelopes containing question paper of Tripura **Science / Mathematics** Talent Search Examination-2025 has/have been examined by us and found to be in proper condition and opened at _____ in presence of us.

Signature of at least 3 teachers:

1. _____.
2. _____.
3. _____.

**Signature of the Centre Superintendent
with seal**



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Annexure-II

Appeared & Absentee Statement Form

Name of the Examination : Tripura **Science / Mathematics** Talent Search
Examination-2025 (IX).

Name of the Centre : _____ Centre Code _____
District _____ Block _____

| Number of Registered Candidates | Appeared in the examination | Number of Absentee |
|--|------------------------------------|---------------------------|
| | | |

NB: Information should match with the portal.

**Signature of the Centre Superintendent
with Seal**



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Annexure-III

Packing Certificate

Name of the Examination : Tripura **Science / Mathematics** Talent Search
Examination-2025 (IX).

Name of the Centre : _____ Centre Code _____
District _____ Block _____

We the undersigned hereby certify that the following items relating to the above subject of the examination were packed and sealed in our presence by tallying with the relevant papers after completion of the examination at forenoon/afternoon on _____ (date).

Signature of the at least 3 teachers:

1. _____.
2. _____.
3. _____.

**Signature of the Centre Superintendent
with Seal**

TO BE PASTED ON THE ENVELOPE
CONTAINING OMR SHEET

Top Sheet on Envelop

Annexure-IV

Name of the Examination : Tripura **Science / Mathematics** Talent Search
Examination-2025 (IX).

Name of the Centre : _____ Centre Code _____
District _____ Block _____

Date : ___/___/2025

Time : ___/___/PM

| Total Number of Candidates Registered in the centre | Total no. of candidates whose OMR sheets are inserted | Number of Absentee (as mentioned in the portal) | Roll no. of Expelled candidates whose answer scripts are sent in a separate packet |
|--|--|--|---|
| | | | |

**Signature of the Centre Superintendent
with seal**

