

SAINIK SCHOOL IMPHAL
ALL INDIA SAINIK SCHOOL ENTRANCE EXAM 2024: MERIT LIST – HOME STATE

29 OCT 2024

CLASS – VI HOME STATE (BOYS-12)

GEN Home State				Total Seats- 04
SI No.	Roll No	Name	Domicile	Marks
1.	3201020103	LOYANGANBA THONGAM	MANIPUR	257
2.	3201010274	BUDHIRAJ CHINGANGBAM	MANIPUR	255
3.	3201030236	MD ANAND ARIBAM	MANIPUR	253
4.	3201030224	L NGANTHOIBA	MANIPUR	252

OBC Home State				Total Seats- 07
SI No.	Roll No	Name	Domicile	Marks
1.	3201010316	SOIBAM PADAM SINGH	MANIPUR	249
2.	3201030574	YENGKHOM LANCHENBA SINGH	MANIPUR	249
3.	3201030385	BRONSON KEISHAM	MANIPUR	248
4.	3201020041	EPHAM FARIJUDDIN	MANIPUR	248
5.	3201030089	KEISHAM KABIRAJ SINGH	MANIPUR	247
6.	3201010194	DEVRAJ LAISHRAM	MANIPUR	247
7.	3201010023	PAIKHOMBA PHURITSHABAM	MANIPUR	246

SC Home State			Total Seat- 01
SI No.	Roll No	Name	Marks
1.	3201030145	MAYANGLAMBAM CHRIST SINGH	243

CLASS – VI HOME STATE (GIRL-01)

OBC Home State			Total Seat- 01
SI No.	Roll No	Name	Marks
1.	3201020012	DELPHINA YANGAMBAM	260

CLASS – IX HOME STATE (BOY-01)

GEN Home State			Total Seat- 01
SI No.	Roll No	Name	Marks
1.	3201029079	MUHAMMAD SARFARAZ ALI	264

Note:

1. The above candidates are to report to this school for their Medical to JNIMS Hospital, Porompat Imphal, Manipur at 0830 hours before 02 Nov 2024.
2. Medical Performa and other documents are to be downloaded from <https://pesa.ncog.gov.in/sainikschoolecounselling/DocumentDetailsUrl>

-2-

3. Appearance of name in merit list does not guarantee admission. Admission in Sainik School is subject to Medical Fitness of the candidate and submission of relevant documents, school fee etc. within the prescribed time. Failing to do so, the candidature of the candidate will be liable to be rejected.
4. Parent of medically fit declared candidates are to report at Sainik School Imphal at 1500 hrs on or before 06 Nov 2024 for admission and document verification.
6. The candidates are requested to submit the willing / unwilling certificate to the school through email on ssimphal@sainikschoolociety.in or on school phone no. 7085012919 between 0830 to 1330 hrs.





CERTIFICATE OF UNDERTAKING
WILLINGNESS / UNWILLINGNESS BY CANDIDATE FOR ADMISSON IN OFFLINE COUNSELLING

1. I, (candidate name) _____ s/o / d/o _____
having AISSEE-2024 application no. _____, is (willing / unwilling)
_____ to take admission in (school name)
_____ in Class VI / IX
_____ for AY 2024-25.

2. Since, I am willing to join (school name) _____, I also hereby
declare that, I have not given my willingness for any other Sainik School / New Sainik School and this
(school name) _____ is my final choice. I understand that, I would no longer be
able to apply for any other Sainik School / New Sainik School in AY 2024-25.

(Please strike off para 2, in case of unwilling candidate)

(Signature of Candidate)

Date: _____

Place: _____

(Signature of Parent / Guardian)

Date: _____

Place: _____