EKLAVYA MODEL RESIDENTIAL SCHOOL,PUNGAR

NAME OF STATE EMRS SOCIETY : OMTES, ODISHA

REGISTRATION FORM

[LATERAL ENTRY ADMISSION IN CLASS XI FOR THE SESSION 2026-27]

TO BE FILLED IN CAPITAL LETTERS ONLY

TO BE FILLED BY OFFICE

REGISTRATION NO: .....

DATE OF SUBMISSION: .....

REMARKS: .....

Self attested passport size colour photograph of student paste here

1	NAME OF THE CHILD	
2	DATE OF BIRTH(DD/MM/YYYY)	
3	AGE AS ON **31/03/2026**	..... Yrs ..... Months ..... Days
4	GENDER(BOY/GIRL/TRANSGENDER) In case of TRANSGENDER, orientation towards Boy/ Girl	
5	AADHAR NO	
6	RESIDENCE PROOF SUBMITTED	YES/NO
7	BLOOD GROUP(if available)	
8	RESERVATION CATEGORY UNDER WHICH ADMISSION IS SOUGHT(as per admission guidelines)	
9	NAME OF THE TRIBE	
10	DISABILITY STATUS	YES/ NO
11	TYPE OF DISABILITY AND ITS PERCENTAGE	
12		**CATEGORY**
	Children belonging to PVTG communities	
	Children belonging to DNT/NT/SNT community	
	Children who have lost their parents to LWE/ insurgencies/ Covid	
	Children of widows	
	Children of Divyang parents, others e.g. Land donor, orphan child etc.	

13	**RESIDENCE OF (PLEASE TICK ANY ONE)**	
	BLOCK	
	TALUKA	
	TEHSIL	
	DISTRICT	
	STATE	
14	FATHER'S NAME	
15	MOTHER'S NAME	
16	NAME OF GUARDIAN	
17	**OCCUPATION**	
	FATHER	
	MOTHER	
	GUARDIAN	
18	NATIVE LANGUAGE/ MOTHER TONGUE	
19	CLASS IN WHICH CURRENTLY STUDYING	
20	MEDIUM OF INSTRUCTION	
21	NAME OF THE SCHOOL ATTENDED	
22	ADDRESS FOR CORRESPONDENCE ALONG WITH PIN	AT :- PO :- GP :- VIA :- PS :- BLOCK :- DIST :- STATE :- PIN :-
22(a)	FAMILY INCOME(ANNUAL)	

23		**CONTACT NUMBER**	**WHATSAPP NUMBER**
	FATHER		
	MOTHER		
	GUARDIAN		
24	**ACHIEVEMENTS (if any)**		
	CO-CURRICULAR ACTIVITY		
	GAMES AND SPORTS		
	SCOUTS AND GUIDES, NCC, NSS, ADVENTURE ACTIVITIES		
	OTHER ACTIVITIES		
25	HAVE YOU PARTICIPATED IN THE STUDENT EXCHANGE PROGRAM? If yes, give details		
26	ARE YOU A DROP OUT OF ANY OF EMRSs? If yes, furnish details: (only for lateral entry)	YES / NO	
	Name of the EMRS last studied		
	Year of dropout		
	Reason for dropping out of EMRS		
27	HAVE YOU EVER BEEN RUSTICATED FROM ANY SCHOOL? If yes, furnish details:	YES / NO	
	Name of the school from where u were rusticated		
	Year of rustication		
	Reason of rustication		
28	**FOR DAY SCHOLARS**		
	Whether child of EMRS STAFF	YES / NO	
	Whether child of Doctor/ Paramedical staff of Govt. Hospital serving in SEMILIGUDA BLOCK		

Details of Marks/Grade Obtained

Sl. no.	Name of Subject	Max. Marks	Marks Obtained
1)	English	100	
2)	Odia/Hindi/Sanskrit	100	
3)	Mathematics	100	
4)	Science	100	
5)	Social Science	100	
6)		100	

Total Max. Marks	Total Marks Obtained	Percent / CGPA

Select Stream and Subject Combination

A) Science with Math	English, Physics, Chemistry, Mathematics, Computer Science	
B) Science without Math	English, Physics, Chemistry, Biology, Odia/Hindi	
C) Humanities	English, Economics, Geography, History, Odia/Hindi	
D) Commerce	English, Accountings, Business studies, Economics, Odia/Hindi	

Write Stream : .....

Declaration

I ..... Father/ Mother / Guardian of ..... hereby declare that the information provided by me in the application form in respect of my child/ ward is true to the best of my knowledge & belief.

Signatures(s)/ thumb impression of Father/Mother/Guardian

Signature of student

DOCUMENTS TO BE ATTACHED

1. Class X marksheet
2. Xerox copy of the Adhaar card of the student
3. Xerox copy of income certificate of parents
4. Xerox copy of birth certificate of the student
5. 4 passport size photographs of the student
6. Xerox copy of medical report of blood group
7. Xerox copy of caste and residence certificate
8. Xerox copy of disability certificate issued by concerned authority
9. Xerox copy of death certificate of father (for widow candidate)
10. Xerox copy of disability certificate of parents in case of children of Divyang parents category

N.B: Last date for submission of application form is 25/06/2026

Application form submitted by (full signature)
Date .....

Full signature of the Receiving Officer
Date .....