

E.M.R.S.S.T-2026-27

APPLICATION FORM

EKLAVYA MODEL RESIDENTIAL SCHOOL,
RAIRANGPUR, MAYURBHANJ

Odisha Model Tribal Education Society (OMTES), Odisha

For Office Use Only

Serial No. _____

Date _____

Roll No. _____

Remarks _____

Self-attested
Passport Size
coloured
Photograph

CLASS: - VIth (Sixth)

SESSION: 2026-27

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)		
5	Aadhar Number (Copy attached)		
6	Blood Group (Copy attached)		
7	Reservation Category (as per admission guidelines) (Copy attached)	ST	
		PVTG	
		De-notified Tribe	
		Notified Tribe	
		Semi-Nomadic Tribe	
	Others		
8	Name of the Tribe, if applicable (Copy attached)		
9	Disability status (Yes/No)		
10	Type of Disability and its percentage (Copy attached)	Physical Handicap/Visual impaired/Hearing impaired	
11	Residence of	Block	
		Taluka	
		Tehsil	
		District	
		State	
12	Father's Name		
13	Mother's Name		
14	Name of Guardian		
15	Occupation	Father	
		Mother	
		Guardian	
16	Native Language/ Mother Tongue		
17	Class in which currently studying		

18	Medium of instruction	
19	Name of the school currently reading	
20	Address for correspondence along with PIN (Permanent Address)	AT-
		PO-
		PS-
		DIST-
		PIN-
20. (a)	Family income (Annual)	
21	Contact Number	Father
		Mother
		Guardian
22	Achievement, if any, in (Copy attached)	
	Co-curricular activities	
	Games & Sports	
	Scout & Guide, NCC, NSS, Adventure Activities	
	Other Activities	
23	Have you participated in Student Exchange Programme? If yes, give details.	
24	Medium of instruction for EMRSST	ODIA / ENGLISH
25	Are you a drop out of any of EMRSs? If yes, furnish Details: (only for lateral entry)	Yes/ No
	Name of EMRS last studied	
	Year of Drop Out	
	Reason for dropping out of EMRS	
26	Have You ever been rusticated from any school? If yes, furnish details	Yes/ No
	Name of school from where you were rusticated	
	Year of Rustication	
	Reason of Rustication	
28	<p>I..... Father /Mother/Guardian of Hereby declare the information provided by me in the application form in respect of my child/ward is true to the best of my knowledge, belief, and information.</p>	
29	Signature / Thumb impression	
	Father/ Mother/ Guardian	
	Child	

Bonafide Certificate

This is certified that Shri/Kumari _____ (Name of Student),
S/o/D/o _____ (Father/Mother Name) has been
studying in our School _____ (Name of the School
Currently Studying) in Class Vth in year 2025-26. As per our admission register his/her Date
of Birth is _____ and his/her age on 31.03.2026 is
_____ years _____ months _____ days.

**Seal and Signature of
Headmaster/Headmistress of the
school last studied**

Composition of the Test

DATE OF EMRSST	15/02/2026(SUNDAY)	
TIME	10AM TO 12PM (2Hrs.)	
CENTRE FOR EMRSST	EMRS RAIRANGPUR, SUNDHAL, GORUMAHISANI	
Type of Test	Number of Questions	Marks
Mental Ability Test	50	50
Arithmetic Test	25	25
Language (English or Hindi or Regional) Test	25	25
Total	100	100

For office Use:

1	Registration Number Allotted	
2	Date	
3	Class in which admission is sought	
4	Name of the Child	
5	Father's/Mother's/Guardian's Name	
6	Eligibility in terms of Age	Eligible () / Not Eligible ()
7	Documents found attached in respect of	Tick () Mark
	Date of Birth Certificate	
	Aadhar Card	
	Blood Group	
	Domicile Certificate (Resident Certificate)	
	Reservation Category	
	Disability Certificate	
	Bonafide Certificate from the school currently attending	
	Achievement in sports for the students to be admitted under sports quota	
	Two recent passport size photos to be attached	
8	Is the Child drop out of any of the EMRSs.	
9	Has the child ever been rusticated	
10	Eligible for admission or not. In Case of non-eligibility, mention reason	
11	Signature of Dealing hand	



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EKLAVYA MODEL RESIDENTIAL SCHOOL RAIRANGPUR, MAYURBHANJ

Acknowledgement Receipt:

1.	Registration Number	
2.	Date of Submission	
3.	Class in which admission is sought	
4.	Name of the Child	
5.	Father's/Mother's/Guardian Name	

Office Seal

Received By