Eklavya Model Residential School, Udala

Dist: Mayurbhanj, Odisha, Pin: 757101

State: Odisha, State Society: OMTES

Registration Form for Admission in Class VII

To be filled by School Office

Registration No: ……

Date Submitted: ……..

Eligible [Yes/No]: ……..

Remarks: ……

Self-Attested Passport Size Colour Photograph of Student

To be filled by parents in CAPITAL letters.

1.	Name of the Child	
2.	Date of Birth [DD-MM-YY]	
3.	Age on 31-03-2025	Years: Month: Days:
4.	Gender [Boys/Girls/Transgender]	
	In case of transgender, orientation toward boy or girl	
5.	Aadhaar Number [Child]:	
6.	Blood Group:	
7.	Reservation Category [under which admission is sought]	
8.	Name of the Tribe	
9.	Disability Status [Yes/No]	
10.	Type of Disability and Its Percentage	
11.	Resident of [Please tick any one]	
	Block	
	Taluka	
	Tehsil	
	District	
	State	
12.	Father's Name:	
13.	Mother's Name:	
14.	Guardian's Name:	
15.	Father's Occupation:	
	Mother's Occupation:	

	Guardian's Occupation:	
16.	Native Language / Mother Tongue	
17.	Class in which currently studying	VII
18.	Medium of Instruction	
19.	Name of the school attended	
20.	Parents Full Address with Pin	Vill/Area: …… Post Office: …… Taluka/Tehsil: …… District: …… State:…… Pin: ……
20a.	Family Income [Annual]	
21	Contact Number [Mobile]	
	Father's Mobile	
	Mother's Mobile	
	Guardian's Mobile	
22	Achievement, if any	
	Co-Curricular	
	Games & Sports	
	Scout – Guides, NCC, NSS, Adventure	
	Any other	
23.	Have you participated in Student Exchange Program? If yes, give details	
24.	Option for Admission in EMRSs of State	
	Option No: 1	
	Option No: 2	
	Option No: 3	
	Option No: 4	
	Option No: 5	
25.	Medium of Instruction for EMRSLT	
26.	Are you drop out of any EMRS? If yes, furnish details [only for lateral entry]	Yes / No
	Name of EMRS Last Studies	
	Year of Drop Out with Class	
	Reason for Drop Out	
27.	Have you ever 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.	Declaration: I…… Father / Mother / Guardian of…… (Name of Child) 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.	
29.	Signature / Thumb Impression	
	Sign. of Father / Mother / Guardian	
	Sign. of Child	

EMRS Udala [EMRSLT-2025] Documents Found Attached (For Office Use Only)

1.	Registration Number Allotted	
2.	Date Submitted	
3.	Class in Which Admission is Sought	
4.	Name of Child	
5.	Father's/Mother's/Guardian's Name	
6.	Eligibility in term of Age [Yes/No]	
7.	**Documents Found Attached**	
	a) **Birth Certificate***	
	b) **Reservation Category* [Caste Certificate]**	
	c) **Aadhaar Card [Student]***	
	d) **Domicile Certificate**	
	e) Blood Group	
	f) Income Certificate	
	g**) Disability Certificate***	
	h) **Bonafide Certificate**	
	i)**Photo-2***	
	***MANDATORY**	

Signature of Parent

Received By

EMRS Udala [EMRSLT-2025] Acknowledgement Receipt

1.	Registration Number:	
2.	Date Submitted:	
3.	Class in Which Admission is Sought:	
4.	Name of Child:	
5.	Father's/Mother's/Guardian's Name:	

Office Seal

Received by

Bonafide Certificate

This is to certify that.....a student of … ..... school has taken admission into the school in class..... during academic session. He/ She is continuing in class…… during the present academic session……

School details:

Address:

Contact number:

Date:

Seal and Signature

Principal

Documents to be attached:

- Caste Certificate
- Residence Certificate
- Income Certificate
- Aadhar Card of Student
- Photograph- 2
- Physically Handicapped (Divyang) Certificate- If applicable
- Widow Category Certificate – (Death Certificate of Father of Ward)- if applicable.