



OFFICE OF THE PRINCIPAL
EKLAVYA MODEL RESIDENTIAL SCHOOL
Supported by ST & SC Development Department, Government of Odisha
AT-SIRIGUDA, PO. HALUA, VIA-SUGAR FACTORY, DT. RAYAGADA (ODISHA)-765002
E-mail - ekalavyamrs@rediffmail.com.ISO Certified. 9001:2008
Estd: 2000 (Under Ministry of Tribal Affairs,Govt. of India)
School No-17094, Affiliation No -1520008



Letter No 354/Lateral Entry file /2025

Dated 22.07.2025

EKALAVYA MODEL RESIDENTIAL SCHOOL, SIRIGUDA,RAYAGADA
REGISTRATION CUM ENTRANCE TEST FOR LATERAL ENTRY
(ADMISSION) IN TO CLASS VII,VIII,IX FOR THE SESSION 2025-26

In partial modification to the order No 339 dated 16.06.2025 for Lateral Entry (Admission) into classes VII,VIII & IX in EMRS, Siriguda, Rayagada for the Academic session -2025-26 is hereby rescheduled due to receipt of less numbers of application forms. The date of receiving of application and entrance date has been rescheduled as per the data listed below.

Class	Boy	Girl	Total
VII	03	01	04
VIII	00	01	01
IX	04	03	07
Total	07	05	12

MODE OF SELECTION: Through Offline Entrance Test .

ELIGIBILITY: Applicants must belong to ST (Schedule Tribe) category and fulfill age and other criteria as per EMRS, norms.

- **Last date for submission of application hereby extended to 30.07.2025 at 01:40 PM.**
- **Application form received at EMRS office from 23.07.2025 to 30.07.2025, (10.am to 04pm)**
- **Date of Entrance Test has also been rescheduled and it will be held on dated 05.08.2025, Time: 10.00am to 12.00pm.**
- **Reporting time for Entrance Test :9.00am dated 05.08/2025**

For more details please visit www.rayagada.odisha.gov.in


Principal
EMRS, Siriguda, Rayagada
22.07.2025



**APPLICATION FORM FOR ADMISSION TO CLASS-VII, LATERAL ENTRY - 2025-26
IN EMRS SIRIGUDA, RAYAGADA**

**LAST DATE OF SUBMISSION OF APPLICATION FORM: -22.07.2025 DATE OF EXAMINATION: -28.07.2025
(Students born in between 01.04.2011 to 01.04.2014 eligible to apply)**

Registration Number:-		Date of Receiving:-	
1	Name of the Child (In capital Letters)	Self attested pass photo size colour photograph paste here.	
2	Date of birth (dd/mm/yyyy)		
3	Age as on 31/03/2025 :- _____ Years _____ months _____ Days (Between 11-14 Years) N.B.- Maximum age limit can be relaxed by 2 years for Divyang child.		
4	Gender (Boy/Girl/Transgender) (in case of transgender, orientation to wards Boy /Girl)		
5	Aadhaar Number/Residence proof		
6	Blood Group(If available)		
7	Reservation Category: (As per guide lines)		
a	ST		
b	PVTG (Particularly vulnerable tribal group)		
	Denotified Tribe (DNT)/ Nomadic Tribe (NT)/ Semi-Nomadic Tribe (SNT)		
c	Whether child lost his/her parents to LWE / insurgencies/COVID- 19		
d	Whether child of Widow		
f	Whether child of Divyanga's parents		
h	Whether child of Land Donor/Orphan		
8	Disability Status (Yes/No)		
9	Type of Disability and its percentage: -		
a	Physically handicapped		
b	Visually impaired		
c	Hearing impaired		
10	Residence: Block, Taluka, Tehsil & District		
11	Father's Name: -	Occupation: -	
12	Mother's Name: -	Occupation: -	
13	Name of Guardian: -	Occupation: -	
14	Native Language/Mother Tongue: -		
15	Class in which currently studying: -		
16	Medium of Instruction: -		



17	Name of the school attending	
18	Address for Correspondence Details: -	
	Village: PO: GP: Block:	
	PS: DIST: PIN:	
19	Father's contact number:	Mother's Contact number
20	<u>Achievements, If any, in:-</u>	
(a)	Co-curricular Activities	
(b)	Games & Sports	
(c)	Scouts & Guide, NCC, NSS, Adventure Activities	
(d)	Other activities	
21	Medium of Instruction for EMRSST(LATERAL ENTRY)	
22	To be filled by the HM / Principal of the school, where now He/She is studying: -	
	Has the child ever been rusticated from any School? (Yes/No)	
(a)	If Yes, furnish details	
(b)	School from where S/he was rusticated	
(c)	Year of Rustication	
(d)	Reason of Rustication	

For Day Scholars:

23. Whether child of EMRS Staff : -YES/NO
24. Whether Child of Doctor/ Paramedical staff of Govt. hospital serving in respective Block where EMRS is Situated:-

Declaration

We the HM / Principal and the Father / Mother / Guardian here by declare that the candidates Date of birth is...../...../..... and the other information provided in the application form in respect of him/ her is true and correct to the best of our knowledge and belief and as according to the authentic records.

Place:-

Full signature of
Student

Full signature/LTI of
Parents/Guardian

Seal and Signature of
HM/Principal of the School



**APPLICATION FORM FOR ADMISSION TO CLASS-VIII, LATERAL ENTRY - 2025-26
IN EMRS SIRIGUDA, RAYAGADA**

LAST DATE OF SUBMISSION OF APPLICATION FORM: -22.07.2025 DATE OF EXAMINATION: -28.07.2025

(Students born in between 01.04.2010 to 01.04.2013 eligible to apply)

Registration Number:-		Date of Receiving:-	
1	Name of the Child (In capital Letters)	Self attested pass photo size colour photograph paste here.	
2	Date of birth (dd/mm/yyyy)		
3	Age as on 31/03/2025 :- _____ Years _____ months _____ Days (Between 12-15 Years) N.B.- Maximum age limit can be relaxed by 2 years for Divyang child.		
4	Gender (Boy/Girl/Transgender) (in case of transgender, orientation to wards Boy /Girl)		
5	Aadhaar Number/Residence proof		
6	Blood Group(If available)		
7	Reservation Category: (As per guide lines)		
a	ST		
b	PVTG (Particularly vulnerable tribal group)		
	Denotified Tribe (DNT)/ Nomadic Tribe (NT)/ Semi-Nomadic Tribe (SNT)		
c	Whether child lost his/her parents to LWL / insurgencies/COVID- 19		
d	Whether child of Widow		
f	Whether child of Divyanga's parents		
h	Whether child of Land Donor/Orphan		
8	Disability Status (Yes/No)		
9	Type of Disability and its percentage: -		
a	Physically handicapped		
b	Visually impaired		
c	Hearing impaired		
10	Residence: Block, Taluka, Tehsil & District		
11	Father's Name: -	Occupation: -	
12	Mother's Name: -	Occupation: -	
13	Name of Guardian: -	Occupation: -	
14	Native Language/Mother Tongue: -		
15	Class in which currently studying: -		
16	Medium of Instruction: -		



17	Name of the school attending	
18	Address for Correspondence Details: -	
	Village: PO: GP: Block:	
	PS: DIST: PIN:	
19	Father's contact number:	Mother's Contact number
20	Achievements, If any, in:-	
(a)	Co-curricular Activities	
(b)	Games & Sports	
(c)	Scouts & Guide, NCC, NSS, Adventure Activities	
(d)	Other activities	
21	Medium of Instruction for EMRSST(LATERAL ENTRY)	
22	To be filled by the HM / Principal of the school, where now He/She is studying: -	
	Has the child ever been rusticated from any School? (Yes/No)	
(a)	If Yes, furnish details	
(b)	School from where S/he was rusticated	
(c)	Year of Rustication	
(d)	Reason of Rustication	

For Day Scholars:

23. Whether child of EMRS Staff : -YES/NO
24. Whether Child of Doctor/ Paramedical staff of Govt. hospital serving in respective Block where EMRS is Situated:-

Declaration

We the HM / Principal and the Father / Mother / Guardian here by declare that the candidates Date of birth is...../...../..... and the other information provided in the application form in respect of him/ her is true and correct to the best of our knowledge and belief and as according to the authentic records.

Place:-

Full signature of
Student

Full signature/LTI of
Parents/Guardian

Seal and Signature of
HM/Principal of the School



**APPLICATION FORM FOR ADMISSION TO CLASS-IX, LATERAL ENTRY - 2025-26
IN EMRS SIRIGUDA, RAYAGADA**

LAST DATE OF SUBMISSION OF APPLICATION FORM: -22.07.2025 DATE OF EXAMINATION: -28.07.2025

(Students born in between 01.04.2009 to 01.04.2012 eligible to apply)

Registration Number:-		Date of Receiving:-
1	Name of the Child (In capital Letters)	Self attested pass photo size colour photograph paste here.
2	Date of birth (dd/mm/yyyy)	
3	Age as on 31/03/2025 :- _____ Years _____ months _____ Days (Between 13-16 Years) N.B.- Maximum age limit can be relaxed by 2 years for Divyang child.	
4	Gender (Boy/Girl/Transgender) (in case of transgender, orientation to wards Boy /Girl)	
5	Aadhaar Number/Residence proof	
6	Blood Group(If available)	
7	Reservation Category: (As per guide lines)	
a	ST	
b	PVTG (Particularly vulnerable tribal group)	
	Denotified Tribe (DNT)/ Nomadic Tribe (NT)/ Semi-Nomadic Tribe (SNT)	
c	Whether child lost his/her parents to LWL / insurgencies/COVID- 19	
d	Whether child of Widow	
f	Whether child of Divyanga's parents	
h	Whether child of Land Donor/Orphan	
8	Disability Status (Yes/No)	
9	Type of Disability and its percentage: -	
a	Physically handicapped	
b	Visually impaired	
c	Hearing impaired	
10	Residence: Block, Taluka, Tehsil & District	
11	Father's Name: -	Occupation: -
12	Mother's Name: -	Occupation: -
13	Name of Guardian: -	Occupation: -
14	Native Language/Mother Tongue: -	
15	Class in which currently studying: -	
16	Medium of Instruction: -	



17	Name of the school attending	
18	Address for Correspondence Details: -	
	Village:	PO:
		GP:
		Block:
	PS:	DIST:
		PIN:
19	Father's contact number:	Mother's Contact number
20	<u>Achievements, If any, in:-</u>	
(a)	Co-curricular Activities	
(b)	Games & Sports	
(c)	Scouts & Guide, NCC, NSS, Adventure Activities	
(d)	Other activities	
21	Medium of Instruction for EMRSST(LATERAL ENTRY)	
22	To be filled by the HM / Principal of the school, where now He/She is studying: -	
	Has the child ever been rusticated from any School? (Yes/No)	
(a)	If Yes, furnish details	
(b)	School from where S/he was rusticated	
(c)	Year of Rustication	
(d)	Reason of Rustication	

For Day Scholars:

23. Whether child of EMRS Staff : -YES/NO

24. Whether Child of Doctor/ Paramedical staff of Govt. hospital serving in respective Block where EMRS is Situated:-

Declaration

We the HM / Principal and the Father / Mother / Guardian here by declare that the candidates Date of birth is...../...../..... and the other information provided in the application form in respect of him/ her is true and correct to the best of our knowledge and belief and as according to the authentic records.

Place:-

Full signature of
Student

Full signature/LTI of
Parents/Guardian

Seal and Signature of
HM/Principal of the School

