

EKLAVYA MODEL RESIDENTIAL SCHOOL, NYAPIN

DIST: KURUNG KUMEY,

ARUNACHAL PRADESH

CLASS: SIX (6)

SESSION: 2025 – 26

SELF – ATTESTED
PASSPORT SIZE
COLORED
PHOTOGRAPH

1	NAME OF THE CHILD	
2	DATE OF BIRTH (DD/MM/YYYY)	
3	AGE AS ON 31.03.2025YRSMONTHS DAYS
4	GENDER (BOY / GIRLS / TRANSGENDER)	
5	AADHAR NUMBER / RESIDENCE PROOF	
6	BLOOD GROUP (IF AVAILABLE)	
7	RESERVATION CATEGORY (AS PER ADMISSION GUIDELINES)	
8	NAME OF THE TRIBE, IF APPLICABLE	
9	DISABILITY STATUS (YES / NO)	
10	TYPE OF DISABILITY AND ITS PERCENTAGE	
11	PERMANENT EDUCATION NUMBER	
12	RESIDENT OF BLOCK, TALUKA & DISTRICT	
13	FATHER'S NAME	
14	MOTHER'S NAME	
15	NAME OF GUARDIAN	
16	OCCUPATION	
	FATHER	
	MOTHER	
	GUARDIAN	
17	NATIVE LANGUAGE / MOTHER TONGUE	
18	CLASS IN WHICH CURRENTLY STUDYING	
19	MEDIUM OF INSTRUCTION	
20	NAME OF THE SCHOOL ATTENDING	
21	ADDRESS FOR CORRESPONDENCE ALONG WITH PIN	
22	CONTACT NUMBER	
	FATHER	
	MOTHER	
	GUARDIAN	
23	ARE YOU A DROP OUT OF ANY EMRS? IF YES, FURNISH DETAILS:	YES / NO
	NAME OF EMRS LAST STUDIED	
	YEAR OF DROP OUT	

	REASON FOR DROPPING OUT OF EMRS	
24	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	
25	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.	
26	SIGNATURE(S)/ THUMB IMPRESSION	
	FATHER / MOTHER / GUARDIAN	
	CHILD	

ACKNOWLEDGEMENT RECEIPT:

1	REGISTRATION NUMBER	
2	DATE	
3	CLASS IN WHICH ADMISSION IS SOUGHT	
4	NAME OF CHILD	
5	FATHER'S / MOTHER'S / GUARDIAN NAME	

FOR OFFICE USE:

1	REGISTRATION NUMBER ALLOTTED	
2	DATE	
3	CLASS IN WHICH ADMISSION IS SOUGHT	
4	NAME OF CHILD	
5	FATHER'S / MOTHER'S / GUARDIAN 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 / RESIDENCE PROOF	
	BLOOD GROUP	
	DOMICILE CERTIFICATE	
	RESERVATION CATEGORY	
	DISABILITY CERTIFICATE	
	BONAFIDE CERTIFICATE FROM THE SCHOOL CURRENTLY ATTENDING OR SELF – DECLARATION IN CASE OF NOT ATTENDING ANY SCHOOL BUT STUDYING AT HOME / NIOS REGISTRATION OR PASSING CERTIFICATE.	
	ACHIEVEMENT IN SPORTS FOR THE STUDENTS TO BE ADMITTED UNDER SPORTS QUOTA	

SELF DECLARATION

I, Sh. / Smt. / Ms. Father/ Mother/
Guardian of Master/ Miss submit that my child /
ward is Yrs old and his date of birth is As
per the date of birth certificate.

I hereby declare that my child/ ward (name) has not
received formal education in any recognized school but have received informal
education and attained required competencies appropriate to his age in
accordance with the syllabus prescribed by the concerned Authorities of State/
Central Government and is eligible for Selection Test to class

Signature:

Name:

Relation with the child:

Date: