

“EMRS Lateral Entry -2026”

(Office use only) _____

Eklavya Model Residential School, Lahaul, Distt. Lahaul Spiti (H.P)

Application Form

For Admission in Class XI

(To be filled in Capital Letters only)

Session: 2026-27

Self -Attested
Passport Size
Colored
Photograph

| | | |
|----|---|------------------------------------|
| 1 | Name of the Candidate | |
| 2 | Date of Birth (dd/mm/yyyy) (Copy of Birth Certificate issued by competent Authority) | |
| 3 | Age as on 31.03.2026 | Years Monthsdays |
| 4 | Gender (Boy/Girl/Transgender) | |
| 5 | Aadhar Number (Self attested copy) | |
| 6 | Blood Group | |
| 7 | Scheduled Tribe (Self attested copy) | |
| 8 | Name of the Scheduled Tribe : Bhot, Bodh , Gaddi Gujjar Jad, Lamba, Khampa Kanaura, Kinnara Lahaula Pangwala Swangla Beta, Beda Demba, Gara, Zob | |
| 9 | Domicile Certificate (Self attested copy) | |
| 9 | Father's Name | |
| 10 | Mother's Name | |
| 11 | Name of Guardian | |
| 12 | Occupation | |
| | Father | |
| | Mother | |
| | Guardian | |
| 13 | Native Language/ Mother Tongue | |
| 14 | Class in which currently studying | |
| 15 | Name of the school attending | |

| | | |
|----|---|--------------|
| 16 | Year of Passing Class 10th (Copy of Class 10th attested marks sheet by the Principal) | |
| 17 | Choice of Stream (Science , Humanities) if applicable | |
| 18 | Address along with Pin Code | |
| 19 | Contact Number | Mobile No. |
| | | Whatsapp No. |
| 20 | Have you ever been rusticated from any school? if yes furnish details | |
| | Name of the School from where you were rusticated | |
| | Year of rusticated | |
| | Reason of rusticated | |
| 21 | <p>I Father/ Mother/ Guardian of(name of Candidate) 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 and information. I further declare that, if my child / ward is found ineligible and / or the information provided by me in respect of my child is found to be incorrect, the admission of my Child/ Ward maybe cancelled at any stage. I shall not represent against the decision of cancellation of admission/ Candidature of my Child/Ward</p> | |
| 22 | Signature(s)/Thumb impression | |
| | Father/Mother/Guardian | |
| | Candidate | |