



Office of the Principal

Eklavya Model Residential School

Salia, Anantnag, J&K (192129)

(National Education Society For Tribal Students)

Email: -emrssalia@gmail.com.

Phone No.: - 01932-292544



ADMISSION NOTIFICATION (2024-25)

Application on prescribed format are invited from eligible candidates desirous of getting admission in class 6th, 7th & 8th in the Academic year 2024-25 as per the intake capacity/ vacancy shown below:

| S.No | Class | 6 th | 7 th | 8 th | SCAN QR CODE TO DOWNLOAD NOTIFICATION & APPLICATION FORM |
|------|--|-------------------------------|---------------------------------------|---------------------------------------|---|
| 1. | Intake capacity /vacancy | Boys =30 , Girls = 30 | Boys=0 , Girls = 10 | Boys=0 ,Girls= 07 ST ONLY | |
| 2. | Age on 31.3.2024 | 10 - 13 Years | 11-14 Years | 12-15 Years | |
| 3. | Admission Through* | EMRSST EMRS SELECTION TEST | EMRSLET EMRS LATERAL ENTRY TEST | EMRSLET EMRS LATERAL ENTRY TEST | |
| 4. | Availability of forms | 19/04/2024 to 13/05/2024 | Last date of submission | 15/05/2024 (4 pm) | |
| 5. | Tentative Date/Time of Test | 22/05/2024 (11am) | Venue of Test | EMRS SALIA | |
| 6. | For details call : 9596126350, 9906470473 (10am-4pm) | | | | |



A) **General eligibility:** i) The candidate must be domicile of Union Territory of Jammu & Kashmir. Preference will be given to domiciles of District Anantnag. ii) The candidate must have passed class 5th, 6th, and 7th exam from Govt / Govt recognised

institution for admission in 6th, 7th and 8th respectively iii) The candidate must fall in the categories mentioned at "C"

iii) The candidate must fulfil the age criteria mentioned at S.No 2. Maximum age can be relaxed by 2 years for differently abled children.

iv) The candidate should have never been rusticated from any institution.

B) i) Admission Procedure: Admission will be as per the merit in EMRS selection Test (for class 6th) & EMRS Lateral Entry Test (for 7th & 8th) in case the number of applications received for each class surpass the intake capacity / vacancy.

ii) Admission secured on the basis of fake/dubious documents or wrong information shall be cancelled and no appeal in such cases shall be considered. iii) In case of any dispute, the decision of Principal EMRS Salia shall be final and binding on the candidates.

C) Reservation: - 90% seats are reserved for Schedule Tribe (ST) , PVTG / DNT etc. Students and 10% Seats for Children who have lost their Parents to Left Wing Extremism(LWE) / Insurgencies / COVID / Children of Widows / Divyang Parents/ Land Donors (EMRSs)etc.

(Strictly as per EMRS Guidelines Vide No:-17011/03/2019-EMRS(PART-I), Dated:- 15/12/2021)

D) Facilities : State of art Infrastructure, Quality Education, Boarding and Lodging, Separate Hostels for Boys and Girls, safe, secure and comfortable environment , Uniforms, Books, Stationery, Toiletries, Medical facilities and all other facilities which shall be admissible from time to time in accordance with EMRS guidelines. **(COMPLETELY FREE)**

Note:- The admission forms will be available at EMRS Salia & official X (twitter) handle of the school @emrssalia. The complete application form signed by Hol and countersigned by Concerned ZEO may be submitted at EMRS Salia on working days (during office hours) before the due date .The incomplete forms will be rejected.

NO:-EMRS/S/2024/155

Sd/

DATED:-16/04/2024

(Peer Zameer Ahmad)

Principal EMRS Salia

Copy to the:

1. Director Tribal Affairs Department, Jammu & Kashmir for information please.
2. District development Commissioner Anantnag (Chairman EMRS SALIA) for information please.
3. Joint Director Information with the request to please publish the same in print/electronic media for 03 days.
4. District information officer Anantnag with the request to upload on district website/social media platforms.
5. Chief Education Officer Anantnag for information & with the request to share the same in official WhatsApp groups/social media.



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REGISTRATION FORM

Photograph

Attested by HOI

Academic Year:- **2024-25** Class for which admission is sought:- _____

| | | | | | | | | | | | | | |
|------|--|--------------|--|--|-----------------------|--------|--|--------------------------------------|-----------------------------|----------|--|--|------|
| S.NO | Name of the candidate (IN CAPITAL LETTERS) | | | | | | | | | | | | |
| 1. | Date of Birth (Attach Certificate by Hol) | | | | | | | | | | | | |
| 2. | Age as on 31/03/2024. | | | | Years | | | | Months | | | | Days |
| 3. | Gender (Male/Female/Third Gender) | | | | | | | Blood Group | | | | | |
| 4. | Aadhaar Number | | | | | | | | | | | | |
| 5. | Candidate's PEN (Permanent Enrolment Number) | | | | | | | | | | | | |
| 6. | Reservation Category (Attach Supporting Document) | | | | | | | Tribe Name (If Applicable) | | | | | |
| 7. | Whether CWSN (If Yes ,mention type and %age) | | | | Type Of Disability | | | | Percentage of Disability | | | | |
| 8. | Father's Name (IN CAPITAL LETTERS) | | | | | | | | | | | | |
| 9. | Mother's Name (IN CAPITAL LETTERS) | | | | | | | | | | | | |
| 10. | Guardian's name (If applicable) | | | | | | | | | | | | |
| 11. | Whether belong to NPHH/PHH/AAY category | | | | | | | Mother Tongue | | | | | |
| 12. | School where studying in current A.Y (2024-25) | | | | | | | UDISE CODE | | | | | |
| 13. | Class Passed in the Previous A.Y (2023-24) | | | | | | | Class in which Presently Studying | | | | | |
| 14. | Complete Address | Village | | | | | | | | Block | | | |
| | PIN | | | | | Tehsil | | | | District | | | |
| 15. | Mobile / WhatsApp Number | | | | | | | | | | | | |
| | Email ID (In Capital Letters) | | | | | | | | | | | | |
| 16. | Achievements, if any | | | | | | | | | | | | |
| 17. | Have you ever been rusticated | | | | | | | | | | | | |
| 18. | If Yes, Mention School ,Year & Reason | School Name: | | | | | | | | Year | | | |
| | | Reason: | | | | | | | | | | | |

Declaration: I.....Father/Mother/Guardian of.....hereby declare that the information provided in the **Application Form** is true to the best of my knowledge & belief and nothing has been concealed. I shall be personally responsible for the consequences, if any information or document ,is found dubious / fake/incorrect at any stage which may include action against me under rules and cancelation of admission of my ward without any further notice.

Signature /Thumb Impression of Father/Mother/ Guardian

Signature and Name of Child

Seal & signature of Hol

Countersigned by ZEO Concerned

SUPPORTING DOCUMENTS: i) Previous Year Marks card ii) Aadhaar Card iii) Category certificate iv) Domicile certificate v) Disability certificate (if applicable) vi) DOB & Bonafide Certificate (as per annexure A) vii) Valid supporting document for eligible Non ST (From Competent Authority) viii) Two Photographs.

.....(Name of the school)

BONAFIDE CERTIFICATE FROM HEAD OF THE INSTITUTION

This is to certify that.....Father's Name.....

Mother's Name.....R/O.....

Is a student of this institution in the Academic Year 2024-25 in class.....under Admission No.:.....

He/ She has passedclass examination held in March-April 2024 by securing.....marks (.....%).

His /Her Date of birth as per school record is

(In words).....

His/ Her age as on 31.03.2024 isYears.....Months.....Days.

He/she was never rusticated from this School.

This Institution/school is a Government /Government recognised institution vide recognition Number:-.....

Seal and signature of HOI

Name:

Contact number:

Reference No.:

Dated:

***(strike out if not applicable)

CHECKLIST (FOR OFFICE USE ONLY)

| | | | | |
|-----------------|--|------------------------|-------------------------------------|--|
| 1. | REGISTRATION NO. ALLOTTED | | | |
| 2. | CLASS IN WHICH ADMISSION IS SOUGHT | | CATEGORY UNDER WHICH ADM. IS SOUGHT | |
| 3. | NAME OF THE CHILD | | | |
| 4. | FATHERS /MOTHERS NAME | | | |
| 5. | ELIGIBILITY IN TERMS OF AGE | ELIGIBLE | NOT ELIGIBLE | |
| 6. | WHETHER DIFFERENTLY ABLED | | AGE RELAXATION | |
| 7. | DOCUMENTS ATTACHED | <i>WRITE YES OR NO</i> | | |
| 8A-8H. | DATE OF BIRTH CERTIFICATE (FROM COMPETENT AUTHORITY / SCHOOL / AFFIDAVIT) | | | |
| | MARKS CARD OF PRECEDING CLASS (2023-24) | | | |
| | DOMICILE CERTIFICATE | | | |
| | AADHAAR CARD | | | |
| | RESERVATION CATEGORY CERTIFICATE | | | |
| | VALID SUPPORTING DOCUMENT FOR NON-ST (FROM COMPETENT AUTHORITY) | | | |
| | DISABILITY CERTIFICATE | | | |
| | BONAFIDE CERTIFICATE FROM THE SCHOOL CURRENTLY ATTENDING | | | |
| 9. | IS THE CHILD DROPOUT OF ANY OF THE EMRSs | | | |
| 10. | HAS THE CHILD EVER BEEN RUSTICATED | | | |
| 11A-11B. | WHETHER ELIGIBLE FOR ADMISSION OR NOT | | | |
| | IF NOT ELIGIBLE, MENTION REASON(S) | | | |
| 12. | SIGNATURE OF DEALING HAND/INCHARGE ADMISSION | | | |

PRINCIPAL
EMRS SALIA

ACKNOWLEDGEMENT RECEIPT

| DATE | NAME | FATHER'S/MOTHER'S NAME | CLASS IN WHICH ADMISSION IS SOUGHT |
|------|------|------------------------|------------------------------------|
| | | | |

Signature Of Receiving Authority