



EMRS, MAREDUMILLI, POLAVARAM DIST., AP- 533295

ADMISSION FORM

CLASS: XI (SESSION: 2026-27)



Certified that the information given below are correct in respect of _____ (Name of Student) who is applying for admission in Class XI in **EMRS Maredumilli** through Lateral Entry- 2026.

Date of Admission:

Admission No.:

House:

Stream:MPC/BiPC/HEG

**AFFIX A
PASSPORT
SIZE PHOTO
OF THE
STUDENT**

Name of Candidate (IN BLOCK LETTERS)																								
Candidate AADHAR No.																								
Father's Name (IN BLOCK LETTERS)																								
Father AADHAR No.																								
Mother's Name (IN BLOCK LETTERS)																								
Mother AADHAR No.																								
ORPHAN OR SEMI ORPHAN Please put (✓) mark	<table border="1"> <tr> <td>ORPHAN</td> <td>SEMI ORPHAN</td> </tr> <tr> <td></td> <td></td> </tr> </table>		ORPHAN	SEMI ORPHAN																				
ORPHAN	SEMI ORPHAN																							
Name of the Guardian and relationship, If any																								
Guardian AADHAR No.																								
Date of Birth In Figures <table border="1"> <tr> <td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td> </tr> </table>									In words:															
Gender Please put (✓) mark <table border="1"> <tr> <td>Boy</td><td>Girl</td><td>Transgender</td> </tr> <tr> <td></td><td></td><td></td> </tr> </table>	Boy	Girl	Transgender				Category: <table border="1"> <tr> <td>GEN</td><td>OBC</td><td>SC</td><td>ST</td> </tr> <tr> <td></td><td></td><td></td><td></td> </tr> </table>	GEN	OBC	SC	ST					<table border="1"> <tr> <td>PVTG</td><td>DNT/NT /SNT</td><td>LWE/CoW /CoDP</td><td>LAND DONOR</td> </tr> <tr> <td></td><td></td><td></td><td></td> </tr> </table>	PVTG	DNT/NT /SNT	LWE/CoW /CoDP	LAND DONOR				
Boy	Girl	Transgender																						
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Nature of Disability, If any Please put (✓) mark against the respective category	<table border="1"> <tr> <td>Physically Handicapped</td><td>Visually Impaired</td><td>Hearing Impaired</td> </tr> <tr> <td></td><td></td><td></td> </tr> </table>			Physically Handicapped	Visually Impaired	Hearing Impaired																		
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Address and Contact	Street: _____ Village: _____ Mandal: _____ District: _____ Pin code: _____ Mobile: _____ E-Mail: _____
Bank Account Details (Student/Father/Mother)	Account Holder: _____ Account No.: _____ IFSC Code: _____
Father's Occupation	
Mother's Occupation	
Nationality	
Religion	
Ration Card No.	
Community Certificate No.	
Annual Income	
Income Certificate No.	
Identification Mark	

Previous School Particulars:

Name of School (Studied- X)	
Village	
School Location (Rural/Urban)	
Month and Year of Joining	
Month and Year of Passing	
Block	
District	
State	
PEN	
School Contact	

UNDERTAKING

I certify that the school in which my ward studied is a recognized school and fulfills all the eligibility criteria as per EMRS requirements. If any of the information provided is found to be wrong, the candidature of my ward will be forfeited at any stage even after admission in EMRS Maredumilli. I also submit that no change in aforesaid data shall be requested by me in future.

Student's Signature	
Father's Signature or Right Thumb Impression	
Mother's Signature or Right Thumb Impression	
Guardian's Signature or Right Thumb Impression	

For Office Use Only:**CHECKLIST**

SIX PASSPORT SIZE PHOTOGRAPHS OF STUDENT	
TWO PASSPORT SIZE PHOTOS OF FATHER OR MOTHER	
BIRTH CERTIFICATE	
RECORD SHEET	
TRANSFER CERTIFICATE	
STUDY CERTIFICATE	
STUDENT AADHAR CARD	
FATHER AADHAR CARD	
MOTHER AADHAR CARD	
GUARDIAN AADHAR CARD (IN CASE OF ORPHAN)	
CASTE / COMMUNITY CERTIFICATE	
LATEST INCOME CERTIFICATE	
RATION CARD (INCLUDES STUDENT)	
BANK ACCOUNT DETAILS	
PHC CERTIFICATE (IF APPLICABLE)	
CERTIFICATE OF DNT/NT/SNT (IF APPLICABLE)	
CERTIFICATE OF LW/INSURGENCIES/COVID/CHILDREN OF WIDOWS/CHILDREN OF DIVYANG PARENT/LAND DONOR/ORPHAN CHILD (IF APPLICABLE)	
MEDICAL HEALTH RECORD CERTIFICATE	
AROGYA SRI CARD/ AYUSHMAN CARD/ABHA CARD (If any)	

I certify that I have verified all the above-mentioned particulars and found them correct to the best of my knowledge.

Verification Authority