संघ प्रदेश प्रशासन
दादरा एवं नगर हवेली एवं दमन एवं दीव
एकलव्य आदर्श आवासीय विद्यालय, संस्था
सिलवासा-396230
ईमेल- - emrsdnh@gmail.com

UT Administration of
Dadra & Nagar Haveli and Daman & Diu
Eklavya Model Residential School, Society
Silvassa-396230
Email: emrsdnh@gmail.com

Establishment Year 2020-21

No. DOE/EMRS/DNHDD/ENTRANCE EXAM/2023-24/2324 Date: -06/03/2023

PUBLIC NOTICE

Subject: Extension of Last Date for Submission of Application Form for Eklavya Model Residential School Selection Test (EMRSST) 2023-24.

In continuation to the Public Notice dated 07.02.2023, EMRS Society has decided to extend the last date of submission of application forms for Eklavya Model Residential School Selection Test (EMRSST) 2023-24.

The Extended/Revised last date of submission of application forms are as follows:

Submission of Application form	Places for submission
Last date to submit the application form will be 21st March 2023.	**1. Eklavya Model Residential School, DNH in campus of Govt. Higher Secondary School, Dapada.** **2. Room No 16 Office of District Education Officer Secretariat Silvassa.**

Note: For any queries/ clarifications related to EMRS Selection Test 2023-24, candidates can Email / call at the EMRS, Shelti: Email ID: emrsdnh@gmail.com Contact Number: Principal EMRS: 9924101337, Sr. Secretariat Assistant EMRS: 7096910440, Technical Assistant (EMRS) 9106231774

Helpdesk: 1. Office of Principal Eklavya Model Residential School, Shelti at Govt. Higher Secondary School, Dapada.

Helpdesk: 2. Room No 16 Office of District Education Officer Secretariat Silvassa.

06/03/2023

Assistant Director of Education
Member/EMRS Society
UT of DNH & DD

EKLAVYA MODEL RESIDENTIAL SCHOOL SOCIETY

UT OF DADRA & NAGAR HAVELI AND DAMAN & DIU

Affix your recent passport size photograph

EKLAVYA MODEL RESIDENTIAL SCHOOL SELECTION TEST (EMRSST) ACADEMIC YEAR 2023-24

NOTE: - [FILL ALL THE DETAILS IN BLOCK LETTERS ONLY]

1	Name of Candidate	
2	Date of Birth (dd/mm/yy)	
3	Age as on 31.03.2023	.....Yrs.....Months.....days
4	Gender (Boy/Girl/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	**Apply for special Category (Tick)**	

PVTG Communities	DNT/NT/SNT Communities	1.Children who have lost their parents to LWE*/insurgencies/ Covid	Other Special category as per guidelines
2.Children of widows	3. Children of divyang parent	4. Other e.g., Land donor, orphan child etc.	

11	Type of Disability and its percentage	
12	Resident of Block, Taluka, Tehsil & District (Full Address)	
13	Father's Name	
14	Mother's Name	
15	Name of Guardian	
16	**Occupation**	
17	Father	
18	Mother	
19	Guardian	
20	Native Language/ Mother Tongue	
21	Class in which currently studying	
22	Medium preferred for EMRSST	
23	Name of the school attending	
24	**Contact Number**	
25	Father	
26	Mother	
27	Guardian	
28	Medium of Instruction for EMRSST	
29	Tick for centre preference	Khanvel [ ]/ Silvassa [ ]
30	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.	
31	**Signature/ Thumb impression**	
32	Father/Mother/Guardian	
33	Candidate	