

Date: _____

Form No. ADM/HS/2025/ _____



Manasadwip Ramakrishna Mission High School (H. S.)

Manasadwip, Sagar (Island), South 24 Parganas-743373

Website: www.rkmmanasadwip.org/school

Index No.:C2-117 H.S Code No.: 102625

Recent Passport
size colour
photograph of the
Candidate

Application Form for Admission - 2025 **Class – XI**

Science Stream ☐ / Arts Stream ☐ (Tick the box)

The Student is directed to write his choice of subjects (for Class XI)

Bengali	English				
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Name of the Student (in block letters) _____

Date of Birth (according to M.P Admit Card) _____ (Photo Copy of Admit Card)

Father's Name: _____ Qualification _____

Occupation _____ Monthly Income _____

Mother's Name: _____ Qualification _____

Occupation _____ Monthly Income _____

Guardian's Name: _____ Relationship with the Student _____

Present Address of Father/Mother:-

Vill. - _____, P.O - _____

P.S. - _____, Block/Municipality - _____

Name of Panchayet/Municipality - _____, Dist. _____

PIN _____ Mob. No. _____ WhatsApp No. _____

Caste : (General/SC/ST/OBC-A/OBC-B) _____ Sub-Caste : _____

Caste Certificate No. _____, Date : _____

(Photo copy of Caste Certificate to be enclosed)

Banglar Shiksha ID No. _____

Religion: _____ Nationality: _____

Aadhaar Card No. _____ Ration Card No. _____

(Photo copy of Aadhaar Card)

(Photo copy of Ration Card)

Blood Group : _____ (Photo copy of Blood Group report)

Physically Challenged (Yes/No): _____ Type of Disability : _____ Percentage: _____

(Photo copy of Handicap Certificate)

Bank Details of student:-

Bank Name: _____

Branch Name: _____

A/C No. _____

IFSC Code No. _____

(Photocopy of Bank Account)

Name and Address of the Previous School – _____

_____**Marks obtained in Madhyamik Examination 2025**

BENG	ENG	MATH	P.SC.	L.SC.	HIST	GEO	Total	%

Guardian's Declaration:

I, as guardian of my son/ward Sriman _____,
solemnly declare that the above particulars are true and correct, and I assure the school authorities that he will
strictly abide by the rules of the school, failing which he will have to leave the school without any demur.

I shall prefer no appeal for his retention.

Signature of the student in full
Date: _____

Signature of the Father/Mother/Guardian
Date: _____

Remarks:-

Headmaster



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ADMIT CARD

Form No. : ADM/HS/2025/ _____ (For Office Use only)

Date of Written Examination: - 14th May 2025, Wednesday

Time: 11.00 a.m. to 1.00 p.m.

Venue: Manasadwip Ramakrishna Mission High School (H.S.)

Recent Passport
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photograph of the
Candidate

Student's Full Signature

1. Name: _____

(In Block Letters)

2. Father's Name: _____

(In Block Letters)

3. Date of Birth: _____

Swami Mahamritananda
Headmaster

Swami Muktipradananda
Secretary

Important:-

- Please bring this card to secure admission to the Test.
- Candidates are required to report to the School at 9 am.
- You will not be admitted to the Test, if you report after 15 minutes of its commencement.
- Mobile phones, electronic watches/pens, calculators or any other electronic device are strictly prohibited inside the exam hall.