

Date: \_\_\_\_\_

Form No. ADM/HS/2024/ \_\_\_\_\_



# Manasadwip Ramakrishna Mission High School (Higher Secondary)

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

Website: [www.rkmmanasadwip.org/school](http://www.rkmmanasadwip.org/school)

Index No.: C2-117

H.S Code No.: 102625

## Application Form for Admission - 2024

### Class – XI

Passport Size  
current colour  
photograph of  
the Candidate

OPTION 1		OPTION 2		OPTION 3	
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Name of the Student (in block letters) \_\_\_\_\_

Date of Birth (according to M.P Admit Card) \_\_\_\_\_ (Xerox 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 : \_\_\_\_\_

(Xerox copy of Caste Certificate to be enclosed)

Banglar Shiksha ID No. \_\_\_\_\_

Religion: \_\_\_\_\_ Citizen: \_\_\_\_\_

Aadhaar Card No. \_\_\_\_\_ Ration Card No. \_\_\_\_\_

(Xerox copy of Aadhaar Card)

(Xerox copy of Ration Card)

Blood Group : \_\_\_\_\_ (Xerox copy of Blood Group)

Physical Handicap (Yes/No): \_\_\_\_\_ Type of Disability : \_\_\_\_\_ Percentage: \_\_\_\_\_

(Xerox copy of Handicap Certificate)

**Bank Details of student:-**

Bank Name: \_\_\_\_\_

Branch Name: \_\_\_\_\_

A/C No. \_\_\_\_\_

IFSC Code No. \_\_\_\_\_

(Xerox copy of Bank Account)

Name and Address of the Previous School – \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

**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 shall 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

Date: \_\_\_\_\_

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**Remarks:-**

Headmaster



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## ADMIT CARD

**Roll No.** \_\_\_\_\_ (For Office Use only)

**Room No.** \_\_\_\_\_ (For Office Use only)

**Date of Written Examination: - 20 May, Monday**

**Time: 10.00 a.m. to 11.30 a.m.**

**Venue: Manasadwip Ramakrishna Mission High School**

Passport Size  
current colour  
photograph of  
the Candidate

\_\_\_\_\_  
*Student's Full Signature*

1. Name: \_\_\_\_\_

(In Block Letters)

2. Father's Name: \_\_\_\_\_

(In Block Letters)

3. Date of Birth: \_\_\_\_\_

Date \_\_\_\_\_

For, 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 devices are strictly prohibited inside the exam hall.