

# SWAMINARAYAN VIDYAPITH

Anand-Sojitra Road, Karamsad: Pin 388 325. Dist. Anand. Gujarat-India

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Application No:

Academic Year: 200\_\_ - 200\_\_

For Class:

## 1. STUDENT PERSONAL DETAILS:

### 1.1 Name in BLOCK Letters:

Surname First own Name Middle/Father's Name

### 1.2 Contact Address:

Village/Town/City:

Ta.: Dist.:

Country: Pincode:

E-mail:

Affix  
Passport size  
Photograph

Phone:

Country Code Area Code Local No.

Fax:

Country Code Area Code Local No.

### 1.3 Details of Birth:

Date of Birth:

Day Month Year

Date of Birth (In words):

Country of Birth:

Birth Place:

Nationality (If dual give both):

Religion:

Caste/Sub Caste: ST/SC

Passport No:

Visa Expires On:

Mother Tongue

Languages known:

(1) (2) (3) (4)

## 2. Father's Details:

### 2.1 Name in BLOCK Letters:

Surname First / Own Name Middle/Father's Name

Contact Address:

Village/Town/City:

Ta.: Dist.:

Country: Pincode:

E-mail:

Affix  
Passport size  
Photograph

Phone:

Country Code Area Code Local No.

Fax:

Country Code Area Code Local No.

School Admission Form

**2.2 Educational Qualification:** \_\_\_\_\_

**2.3 Special talents & Skills:** \_\_\_\_\_

**2.4 Area in which you can help the school by your special talents:**

1. \_\_\_\_\_
2. \_\_\_\_\_
3. \_\_\_\_\_
4. \_\_\_\_\_

**2.5 Your hobbies:**

1. \_\_\_\_\_
2. \_\_\_\_\_
3. \_\_\_\_\_
4. \_\_\_\_\_

**2.6 Social Activities:**

1. \_\_\_\_\_
2. \_\_\_\_\_
3. \_\_\_\_\_
4. \_\_\_\_\_

**2.7 Occupation (Please tick below):**

- (i) Business  (ii) Industry  (iii) Semi – Government   
(iv) Service  (v) Government  (vi) Professional   
(vii) Farming  (viii) Trade  (ix) Private   
(x) Retired  (xi) Name of the own /service organization \_\_\_\_\_

**2.8 Office Address:** \_\_\_\_\_

\_\_\_\_\_ Village/Town/City : \_\_\_\_\_

Ta.: \_\_\_\_\_ Dist.: \_\_\_\_\_ Country: \_\_\_\_\_

\_\_\_\_\_ Pincode: \_\_\_\_\_

E-mail: \_\_\_\_\_

Phone:		
Country Code	Area Code	Local No.

Fax:		
Country Code	Area Code	Local No.

**2.9 Annual Income (Please tick below):**

Up to One Lakh  One to Two Lakhs  Two to Five Lakhs  More than Five Lakhs

**3. Mother's Details :**

**3.1 Name in BLOCK Letters:**

Surname \_\_\_\_\_ First / Own Name \_\_\_\_\_ Middle/Father's Name \_\_\_\_\_

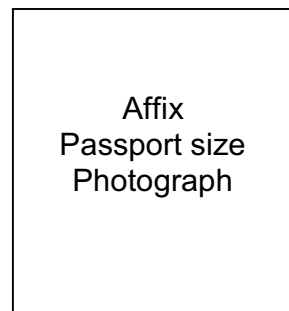
**Contact Address:** \_\_\_\_\_

\_\_\_\_\_ Village/Town/City: \_\_\_\_\_

Ta.: \_\_\_\_\_ Dist.: \_\_\_\_\_

Country: \_\_\_\_\_ Pincode: \_\_\_\_\_

E-mail: \_\_\_\_\_



Phone:			Fax:		
Country Code	Area Code	Local No.	Country Code	Area Code	Local No.

**3.2 Educational Qualification:** \_\_\_\_\_

**3.3 Special talents & Skills:** \_\_\_\_\_

**3.4 Area in which you can help the school by your special talents:**

1. \_\_\_\_\_
2. \_\_\_\_\_
3. \_\_\_\_\_
4. \_\_\_\_\_

**3.5 Your hobbies:**

1. \_\_\_\_\_
2. \_\_\_\_\_
3. \_\_\_\_\_
4. \_\_\_\_\_

**3.6 Social Activities:**

1. \_\_\_\_\_
2. \_\_\_\_\_
3. \_\_\_\_\_
4. \_\_\_\_\_

**3.7 Occupation (Please tick below):**

- (i) Business     (ii) Industry     (iii) Semi – Government   
 (iv) Service     (v) Government     (vi) Professional   
 (vii) Housewife     (viii) Trade     (ix) Private   
 (x) Retired     (xi) Name of the own /service organization \_\_\_\_\_

**3.8 Office Address:** \_\_\_\_\_

\_\_\_\_\_ Village/Town/City : \_\_\_\_\_

Ta.: \_\_\_\_\_ Dist.: \_\_\_\_\_ Country: \_\_\_\_\_

\_\_\_\_\_ Pincode: \_\_\_\_\_

E-mail: \_\_\_\_\_

Phone:			Fax:		
Country Code	Area Code	Local No.	Country Code	Area Code	Local No.

**3.9 Annual Income (Please tick below):**

Up to One Lakh <input type="checkbox"/>	One to Two Lakhs <input type="checkbox"/>	Two to Five Lakhs <input type="checkbox"/>	More than Five Lakhs <input type="checkbox"/>
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**4. Are parents divorced/separated? If either, who has legal custody? (Please tick below. Attach true copy of the court order to support the claim.)**

- Divorced     Separated     Widow     Widower

Name and address of Person to whom correspondence for academics/fees, etc. should be addressed:

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**5. Guardian's Details:**

You will need to appoint a friend, relative or colleague who will act as a guardian on your behalf in emergencies / your absence

**5.1 Photographs**

Affix Passport size Guardian's Photograph (i)
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Affix Passport size Photograph (ii)
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Affix Passport size Photograph (iii)
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Note: If you are appointing more than one relative/friend to take the child for day-out then affix photograph in column (ii) and (iii).

**5.2 Name and Contact address of guardian:**

Surname                      First own Name                      Middle/Father's Name

**Contact Address:**

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\_\_\_\_\_ Village/Town/City: \_\_\_\_\_

Ta.: \_\_\_\_\_ Dist.: \_\_\_\_\_

Country: \_\_\_\_\_ Pincode: \_\_\_\_\_

E-mail: \_\_\_\_\_

Phone:			
Country Code	Area Code	Local No.	

Phone / Fax:			
Country Code	Area Code	Local No.	

Guardian's Relationship with:

Parents: \_\_\_\_\_ Student: \_\_\_\_\_

**6. Address of Neighbour: (Where message can be sent)**

Surname                      First own Name                      Middle/Father's Name

**Contact Address:**

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\_\_\_\_\_ Village/Town/City: \_\_\_\_\_

Ta.: \_\_\_\_\_ Dist.: \_\_\_\_\_

Country: \_\_\_\_\_ Pincode: \_\_\_\_\_

E-mail: \_\_\_\_\_

Phone:		
Country Code	Area Code	Local No.

Fax:		
Country Code	Area Code	Local No.

**7. Details of the school in which studying:**

**7.1 Details of last two years:**

Class	School	Date of attendance		Medium of instruction	% / Grade	Marks Obtained out of Maximum Marks
		From (m/y)	To (m/y)			

Name of School & Address: \_\_\_\_\_

\_\_\_\_\_ Village/Town/City: \_\_\_\_\_

Ta : \_\_\_\_\_ Dist.: \_\_\_\_\_ Pincode: \_\_\_\_\_

Please give details of any Sister(s) / Cousin(s) who have applied to / studying in the School:

Sr. No.	Name	Date			Class	Applied / studying
		Day	Month	Year		

**8. Nick Name:**

**9. Tell us more about the child/student in the following sections:**

1) Special Interests:	Music <input type="checkbox"/>	Dance <input type="checkbox"/>	Drama <input type="checkbox"/>	Drawing <input type="checkbox"/>	Sports <input type="checkbox"/>	Others <input type="checkbox"/>
2) Likes:						
3) Dislikes:						
4) Fear of: (Please tick)	Water <input type="checkbox"/>	Heights <input type="checkbox"/>	Other (Please Specify) _____			
5) Allergic to (Please tick)	Penicillin <input type="checkbox"/>	Sulpha <input type="checkbox"/>	Pollen <input type="checkbox"/>	Synthetic Flavours <input type="checkbox"/>	Tetramycin <input type="checkbox"/>	Dust <input type="checkbox"/>
	Insect <input type="checkbox"/>	Synthetic Cosmetic <input type="checkbox"/>	Smoke <input type="checkbox"/>	Detergent <input type="checkbox"/>	Synthetic Dresses <input type="checkbox"/>	Synthetic Colour Agents <input type="checkbox"/>
6) More attached to (Tick one only)	Father <input type="checkbox"/>	Mother <input type="checkbox"/>	Grandfather <input type="checkbox"/>	Grandmother <input type="checkbox"/>	Brother <input type="checkbox"/>	Sister <input type="checkbox"/>
7) Disability (if yes, please give details):						
8) Food habits :(Please tick) Vegetarian <input type="checkbox"/> Non Vegetarian <input type="checkbox"/>						
What kind of dishes does your child prefer? Gujarati <input type="checkbox"/> Chinese <input type="checkbox"/> Punjabi <input type="checkbox"/> Continental <input type="checkbox"/> South Indian <input type="checkbox"/>						
9) Please give any other information not mentioned above:						
_____						
_____						
_____						

**10. Details of real brothers/sisters of the students:**

Brother's name	Age	Present status
_____	_____	_____
_____	_____	_____
_____	_____	_____
Sister's name	Age	Present status
_____	_____	_____
_____	_____	_____
_____	_____	_____

**11. Tel. Nos. where the student should be allowed to communicate:**

1

Name:	Relation:
Phone:	E-mail:

2

Name:	Relation:
Phone:	E-mail:

3

Name:	Relation:
Phone:	E-mail:

**12. Why would you like to admit your daughter in our School?**

\_\_\_\_\_

\_\_\_\_\_

From where did you hear about the School?

1. From friends or relatives  2. Media / Advertisement read from \_\_\_\_\_
3. Word of Mouth  4. Others: \_\_\_\_\_

**13. UNDERTAKING BY PARENT AND / OR GUARDIAN**

1. I have read the Prospectus, and desire that my child/ ward be brought up in accordance with the arrangements outlined therein. I under take to make payment of fee in advance, to settle all deposit account debits within 15 days of the presentation of such bills, to give due notice of withdrawal, failing which to pay fees in lieu of notice and to abide by all terms and conditions laid down in the Prospectus, Hand book, hostel and school rules and the instructions given by the school from time to time.
2. The school will not be liable for any damage / charges on account of injuries, fatal or otherwise which may be sustained by the student at any time during her stay in school, while taking part in sports / games while travelling in school and any other form of activities of the school within or outside the school premises. All expenses that may be incurred in the treatment of such injuries will be borne by the parent/guardian of the child.
3. Transfer Certificate / School Leaving Certificate and conduct certificate from the School last attended will have to be submitted in case my ward is admitted eventually.
4. Transfer Certificate / School Leaving Certificate from other states will have to be countersigned by the concerned Educational Authority.

**14. Parents Declaration :**

I have read the rules and regulations of the Vidyapith and agree to abide by the same. The above information is correct to the best of my /our knowledge and I/we abide by it.

Signature of Parent / Guardian

- 1. \_\_\_\_\_
- 2. \_\_\_\_\_

**15. Note:**

- 1. This form needs to be filled up neatly and cleanly and any incomplete information may create problems at the time of emergency for which you will be responsible. For clarification please consult the authority.
- 2. It is important that both parents (or) guardians sign, unless there is only one parent living. If circumstances make this difficult, please consult the authority.
- 3. All students admitted in the Vidyapith will have to reside in the hostel.
- 4. Any deviation from established rules and regulations of the school, suppression of any fact, details or giving false information by the student / parent at any time of her stay will entail removal from the school and the fees already received thus will be forfeited.
- 5. Attested copy of the certificates where required should be enclosed with this application.

**16. FOR OFFICE USE ONLY (Please leave blank):**

Details of complete document	Pending
1.	1.
2.	2.
3.	3.
4.	4.

Interview Test On:

Ent. Test Seat No.:

Registration Fees Receipt No.:

G.R. No.:

Class:

Division:

Roll No.:

Date:

Remarks / Sign

Principal	Teacher	Administrator	Accounts

Reference given by: