

॥ विद्यया अमृतम् अश्नुते ॥



SWAMINARAYAN VIDYAPITH

P.O.Box No.3, Anand-Sojitra Road, Karamsad: Pin 388 325. Dist. Anand. Gujarat-India

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Application No:
Academic Year: 200 -200
For Class:
School No :

FOR OFFICE USE ONLY (Please leave blank):

Interview Test On	Ent. Test Seat No.	Reg.Fee Rec. No.	G.R. No.:	
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	
For Std.11 Only				
Elective Subject :	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
Optional Subject :	<input type="text"/>	<input type="text"/>		
Entrance Test detail: Marks obtain	<input type="text"/>	Admission Status	<input type="text"/>	
Admission Date	<input type="text"/>			

Documents Checked by

Principal

ADMISSION APPLICATION FORM

1. Student's Personal Details:

For Class: _____

1.1 Name in BLOCK Letters:

Stream: Commerce ___/

Surname/last Name

First/own Name

Middle/Father's Name

Science ___

(For Class 11 only)

1.2 Details of Birth:

Date of Birth

Birth Place

D	D	M	M	Y	E	A	R
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Mother Tongue

Country of Birth

Nationality (If dual give both)

Languages known

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

Affix
Passportsize
Photograph

1.3 Class in which studying at present: _____

1.4 School last attended, with address: _____

_____ Village/Town/City: _____ Ta: _____

Dist.: _____ State : _____ Phone: _____ Pin: _____

2. Father's Details:

2.1 Name in BLOCK Letters:

Surname / last Name

First / Own Name

Middle / Father's Name

Contact Address: _____

_____ Village/Town/City: _____ Ta: _____

Dist.: _____ State: _____ Pincode: _____

Country : _____ Phone : (R) _____ (Mob.) _____

Fax: _____ E-mail: _____

2.2 Educational Qualifications: _____

2.3 Occupation / Official Designation: _____ Annual Income _____

2.4 Office Address: _____

_____ Village/Town/City: _____

Ta.: _____ Dist.: _____ State: _____ Pin code: _____

Country: _____ Phone : _____ (Mob.) _____

Fax: _____ E-mail: _____

3. **Mother's Details:**

3.1 Name in BLOCK Letters:

Surname / last Name

First / Own Name

Middle / Father's Name

3.2 Educational Qualifications: _____

3.3 Occupation / Official Designation: _____ Annual Income _____

3.4 Office Address: _____

_____ Village/Town/City: _____

Ta.: _____ Dist.: _____ State: _____ Pin code: _____

Country: _____ Phone : _____ (Mob.) _____

Fax: _____ E-mail: _____

4. **Details of real brothers/sisters of the student:**

Name

Age

Present status

_____, _____, _____

_____, _____, _____

_____, _____, _____

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

From where did you hear about our School?

1. Friends or relatives 2. Media / Advertisement read from _____

3. Word of Mouth 4. Others: _____

6. **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 Not Applicable

7. **Parents Declaration:**

My above applied child is physically and mentally stable to abide by the norms of the Vidyapith. I have read the rules and regulations of the Vidyapith and agree to abide by the same. Information supplied here in this form is true and correct. I know that the fees once paid is non refundable in any case.

Signature of Student

Signature of the Parents / Guardians

Date

8. **Enclosers:** Attested copy of Birth Certificate
 Copy of last School Report Card (For Std.11 Evaluation Cert., Marksheet of Class IX & X)
 Proof of Residence & Copy of Annual Return

ADJUSTMENT INVENTORY

1. HOME ATTACHMENT

1.1 Sibling order _____

1.2 How deeply are you attached with your child?

1.3 Can you stay apart from your child?

Yes	No
<input type="checkbox"/>	<input type="checkbox"/>

1.4 Does she depend on you for day-to-day activities?

<input type="checkbox"/>	<input type="checkbox"/>
--------------------------	--------------------------

1.5 Does she have a very strong attachment with any of the family members?

<input type="checkbox"/>	<input type="checkbox"/>
--------------------------	--------------------------

If YES, then tick mark the suitable options:-

With Mother With Father With Grand parents With Friends

With Any other relatives _____

2. ADJUSTMENT

2.1 Have you prepared /trained her to stay apart from family/ for hostel life? Yes No

IF "YES" then,

Please mention how did you train her for hostel life

2.2 Will she be able to adjust with the hostel environment/group living?

Yes	No
<input type="checkbox"/>	<input type="checkbox"/>

[For e.g. – waking up early in the morning, jogging, attending sabha everyday, sports etc.]

2.3 Will she be able to adjust with dorm mates and be able to make new friends?

<input type="checkbox"/>	<input type="checkbox"/>
--------------------------	--------------------------

2.4 Will she be able to follow the rules and regulations of the hostel & school?

<input type="checkbox"/>	<input type="checkbox"/>
--------------------------	--------------------------

2.5 Has she stayed apart from home ever?

<input type="checkbox"/>	<input type="checkbox"/>
--------------------------	--------------------------

Where _____ for how much time? _____

2.6 How did you feel those days? _____

2.7 How do you tackle her when she faces problem at home?

2.8 What will be your approach when she faces any problem at hostel / school?

2.9 How long time can you wait for her to adjust in hostel life?

4 weeks more than 4 weeks

2.10 How would you like to celebrate her Birthday? _____

3.HABITS

[We are serving most of the food items of Gujarati taste and we serve fast food items two to three times a week]

FOOD

- | | Yes | No |
|---|--------------------------|--------------------------|
| 3.1 (A) Is she aware about the balanced nutritious food? | <input type="checkbox"/> | <input type="checkbox"/> |
| Will she be able to take all the nutritious foods provided by us? | <input type="checkbox"/> | <input type="checkbox"/> |
| If no then management holds the right, whether to continue the admission or not. | | |
| Will she be able to adjust with Indian food? | <input type="checkbox"/> | <input type="checkbox"/> |
| If YES then,
Can she adapt to take Gujarati lunch everyday? | <input type="checkbox"/> | <input type="checkbox"/> |
| (B) What kind of snacks does she like? | | |
-
-

- | | | |
|--|--------------------------|--------------------------|
| (C) Does she consume fast food in her daily diet? | <input type="checkbox"/> | <input type="checkbox"/> |
| If "YES" then please mention which type of fast food she loves to eat? | | |
-
-

- | | | | |
|--------------------|----------------|--------------------------|--------------------------|
| 3.2 Does she drink | - plainmilk | <input type="checkbox"/> | <input type="checkbox"/> |
| | - flavoredmilk | <input type="checkbox"/> | <input type="checkbox"/> |

4. MOVIES /TELEVISION

- 4.1 How frequently does she watch TV/ MOVIES? _____
- 4.2 What type of program does she like to watch? _____
- 4.3 What type of movies does she like to watch? _____
- 4.4 Have you prepared her to live without TV in hostel? _____

[As we do not keep TV in the campus]

5. CLEANLINESS

- | | Yes | No |
|--|--------------------------|--------------------------|
| 5.1 Is she aware of Health & hygiene | <input type="checkbox"/> | <input type="checkbox"/> |
| Physical cleanliness | <input type="checkbox"/> | <input type="checkbox"/> |
| Sanitary cleanliness | <input type="checkbox"/> | <input type="checkbox"/> |
| Environmental cleanliness | <input type="checkbox"/> | <input type="checkbox"/> |
| 5.2 Is she toilet trained? Has she control over toilet | <input type="checkbox"/> | <input type="checkbox"/> |
| 5.3 Can she organize her cloths/ books? | <input type="checkbox"/> | <input type="checkbox"/> |
| 5.4 Is she has bed wetting problem? | <input type="checkbox"/> | <input type="checkbox"/> |
| 5.5 What characteristics of her would you like to bring to our notice? | | |
-
-

5.6 Does she has any problem regarding monthly cycle? Yes No NA

5.7 WRITE ABOUT THE CHILD :

BEHAVIOUR :

TEMPER TANTRUMS :

MOOD SWINGS :

HEALTH (MENTALLY AND PHYSICALLY FITNESS) :

ATTITUDE:

6. SPORTS

Does she mentally and physically fit to attend excursion/sports or a ny camp of N.C.C?

Yes No

If yes then this will be consider as your written confirmation / permission.

If no the please mention why?

7. TEMPERATURE ADAPTABILITY

The temperature of Gujarat normally has ranges from 35° C. to 40° C.

Swaminarayan Vidyapith is situated at Northern part of Gujarat.

Is she prepared for this climate? Yes No

8. PARENTS DECLARATION

My applied child is physically and mentally stable to abide by the norms of the Vidyapith (School as well as Hostel) and I am aware about the rules and regulations of the Vidyapith and agree to abide by the same. Information supplied here in this form is true and correct. If any violation of rules found in my daughter then the Vidyapith holds the right to cancel her admission at any time without giving prior notice and not to return any fees as I also know that fees once paid is non - refundable.

Signature of Father

Signature of Mother

Signature of Student

Date