



॥ विद्यया अमृतम् अश्नुते ॥

SWAMINARAYAN VIDYAPITH

Founder : HH Pramukh Swami Maharaj - Inspirer : HDH Mahant Swami Maharaj Po. Box
No. 3, Anand-Sojitra Road - Karamsad Pin : 388 325 Dist. : Anand-Gujarat-India
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www.swaminarayanvidyapith.org.in E-mail : vidya_amrut@live.com

Application No: D
Academic Year: 2024 - 25
For Class:
School No :

FOR OFFICE USE ONLY

Date of Interview & Test	Ent. Test Seat No.	Form Fee Rec. No.
<input type="text"/>	<input type="text"/>	<input type="text"/>

For Std.11 Only

Elective Subjects : (1) (2) (3) (4)

Optional Subjects : (1) (2)

Entrance Test details:

Marks obtained	Admission Status	Date of Admission	Checked by	Principal
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>

ADMISSION APPLICATION FORM

1. Students Personal Details:

For Class: _____

Stream : Sci. Com.(Class 11 only)

1.1 Name in BLOCK Letters:

Surname/last Name First/own Name Middle/Fathers Name

Date of Birth	Mother Tongue	Blood Group
<input type="text"/>	<input type="text"/>	<input type="text"/>

Birth Place	Country of Birth	Nationality (If dual give both)
<input type="text"/>	<input type="text"/>	<input type="text"/>

Caste / Subcaste	Category
<input type="text"/>	<input type="checkbox"/> GEN <input type="checkbox"/> OBC <input type="checkbox"/> SC <input type="checkbox"/> ST

Aadhar Card No. :

Languages known : (1) (2) (3) (4)

1.2 Class in which studying at present: _____ 1.3 School Board GSEB ICSE CBSE OTHER

1.4 Present School Name with address: _____

City: _____ Pin: _____

Dist.: _____ State : _____ Phone: _____ E-mail: _____

2. Fathers Details:

2.1 Name in BLOCK Letters:

Surname / last Name First / Own Name Middle / Fathers Name

Contact Address: _____

Village/Town/City: _____

Ta: _____ Dist.: _____ State: _____

Pin code: _____ Country : _____

Phone :(With STD Code) (R) _____ (Mob.) _____

E-mail: _____

Recent
Passport size
Photograph

Recent
Passport size
Photograph

2.2 Educational Qualifications: _____

2.3 Occupation Details : Nature of Occupation _____ Place of Occupation _____

2.4 Service Details : Nature of Service _____ Place of Service _____
Designation _____ Annual Income _____

2.5 Business Details : Nature of Business _____ Place of Business _____
Designation _____ Annual Income _____

2.6 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

Contact Address: _____

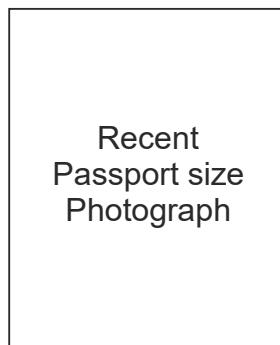
_____ Village/Town/City: _____

Ta.: _____ Dist.: _____ State: _____

Pin code: _____ Country : _____

Phone : (With STD Code) (R) _____ (Mob.) _____

E-mail: _____



3.2 Educational Qualifications: _____

3.3 Occupation Details : Nature of Occupation _____ Place of Occupation _____

3.4 Service Details : Nature of Service _____ Place of Service _____
Designation _____ Annual Income _____

3.5 Business Details : Nature of Business _____ Place of Business _____
Designation _____ Annual Income _____

3.6 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 Remarriage Widow Widower Adopted Child
 Child brought up by the guardians Not Applicable

7. Parents' Declaration:

Our child is physically and mentally stable so as to abide by the norms of the Vidyapith (School as well as Hostel) and we are fully aware about the rules and regulations of the Vidyapith and agree and undertake to abide by the same. We have agreed generally to indemnify and keep indemnified the Swaminarayan Vidyapith against all losses, damages (immediate, remote or consequential) action, claims, actions, suits, prejudice or proceedings, cost charges and expenses in respect of anything and everything stated herein and as regards any defect in our information / declaration of any nature whatsoever we shall be liable and responsible for the same.

Information supplied hereinabove is true and correct. If our daughter knowingly / unknowingly violates any of the rules and / or code of conduct of Swaminarayan Vidyapith then the Vidyapith alone holds the right to cancel her admission at any point of time without giving prior notice and reasons thereto. We are fully conscious and aware that fees once paid to School and Hostel is non-refundable and we agree and undertake that in no event whatsoever we shall demand the refund of fees and in this regard we further agree and undertake that we shall never file any proceedings before any court of law for refund of fees.

Signature of Parents

Signature of Guardians

Signature of Student

Date

- 8. Enclosers:** Self Attested copy of Birth Certificate/Passport
 Photo Copy of Student Aadhaar Card
 Copy of last Year School Report Card
(For Std.11 Evaluation Cert.,Marksheet of ClassIX & X)
 Certificate regarding caste (In case of minority caste)
 Proof of Residence
 Proof of Photo ID for Father/Mother
 Copy of Annual Return for Last Financial Year

ADJUSTMENT INVENTORY

1. HOME ATTACHMENT

1.1 Sibling order _____

1.2 How deeply are you attached with your child?

- | | Yes | No |
|--|--------------------------|--------------------------|
| 1.3 Can you stay away from your child? | <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 the suitable options:-

With Mother With Father With Grand parents With Friends

With Any other relative _____

2. ADJUSTMENT

- | | Yes | No |
|--|--------------------------|--------------------------|
| 2.1 Have you prepared /trained her to stay away from family/ for hostel life?
IF "YES" then,
Please mention how have you trained her for hostel life : | <input type="checkbox"/> | <input type="checkbox"/> |
- _____
- _____

- | | Yes | No |
|--|--------------------------|--------------------------|
| 2.2 Will she be able to adjust with the hostel environment/group living?
[e.g. – waking up early in the morning , jogging, attending sabha everyday, sports etc.] | <input type="checkbox"/> | <input type="checkbox"/> |
| 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 away from home ever? | <input type="checkbox"/> | <input type="checkbox"/> |

Where _____ for how long ? _____

2.6 How did you feel those days? _____

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

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

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

4 weeks more than 4 weeks

2.10 How would you like to celebrate her Birthday? Individually In Group

If in group then necessary arrangements could be made in the dining hall.

3. HEALTH PROFILE

- | | Yes | No |
|---|--------------------------|--------------------------|
| 3.1 Any major illness : | <input type="checkbox"/> | <input type="checkbox"/> |
| 3.2 If yes, whether medical file attached ? | <input type="checkbox"/> | <input type="checkbox"/> |
| 3.3 Any allergy ? | <input type="checkbox"/> | <input type="checkbox"/> |

3.4 If yes, please mention : _____

4. MOVIES /TELEVISION

- 4.1 How frequently does she watch TV/ MOVIES? _____
- 4.2 What type of programs 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? _____

[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? | <input type="checkbox"/> | <input type="checkbox"/> | |
| 5.3 Can she organize her clothes / books herself ? | <input type="checkbox"/> | <input type="checkbox"/> | |
| 5.4 Does she have bed wetting problem? | <input type="checkbox"/> | <input type="checkbox"/> | |
| 5.5 Does she have any problem regarding monthly cycle? | <input type="checkbox"/> | <input type="checkbox"/> | NA <input type="checkbox"/> |
| 5.6 What characteristics of hers would you like to bring to our notice? | | | |

5.7 BEHAVIOUR _____

5.8 MOOD SWINGS _____

5.9 ATTITUDE _____

6. SPORTS

Does she mentally and physically fit to attend excursion/sports or any camp of N.C.C? Yes No

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

If no then please mention why?

7. FOOD

We serve Gujarati food without Onion and Garlic.

8. TEMPERATURE ADAPTABILITY

The temperature of Gujarat normally ranges from 35° C. to 40° C. Swaminarayan Vidyapith is situated at Northern part of Gujarat. Is she prepared for this climate? Yes No

Signature of Father

Signature of Mother

Signature of Student

Date

Documents Checked by