



॥ 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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Application No: D
Academic Year: 2025 - 26
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"/>

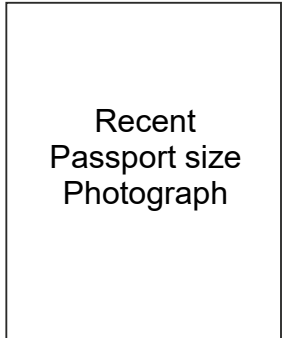
Caste / Subcaste	Category
<input type="text"/>	<input type="checkbox"/> GEN <input type="checkbox"/> OBC <input type="checkbox"/> SC <input type="checkbox"/> ST

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: \_\_\_\_\_

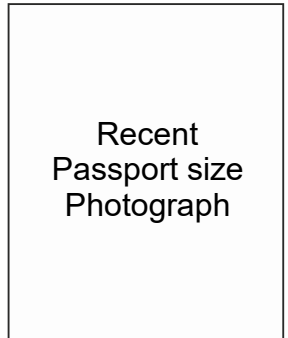
\_\_\_\_\_ Village/Town/City: \_\_\_\_\_

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

Pin code: \_\_\_\_\_ Country : \_\_\_\_\_

Phone :(With STD Code) (R) \_\_\_\_\_ (Mob.) \_\_\_\_\_

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



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: \_\_\_\_\_

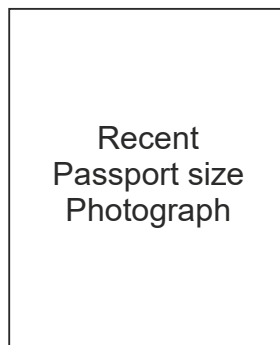
\_\_\_\_\_ Village/Town/City: \_\_\_\_\_

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. Subject to Anand Jurisdiction.

\_\_\_\_\_  
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

2.1 Have you prepared /trained her to stay away from family/ for hostel life?

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

IF "YES" then,

Please mention how have you trained her for hostel life :  
\_\_\_\_\_  
\_\_\_\_\_

- |  | Yes                      | No                       |
|--|--------------------------|--------------------------|
| 2.2 Will she be able to adjust with the hostel environment/group living?<br>[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