



Inspired by Yugpradhan Acharya Sam
Param Puja Panyas Chandrashekhar Vijayji Ms. Sa.

Tapovan Sanskardham

Sanchalit
Sheth Shree Kantilal Lallubhai Zaveri

Tapovan Sanskardham Vidyalaya

English Medium Boy's Residential School - CBSE Board
CBSE Affiliation No. : 430164

At. Dharagiri, Post : Kabilpore, Tal. & Dist. Navsari - 396424

Contact No. : 9328381988, 9328429614

Website : www.navsaritapovan.org Email : tapovan_navsari@yahoo.com

ADMISSION FORM

[Please follow the guidelines (as per separate booklet) carefully before filling up this form]

For Standard :	Father's Passport Size Photograph	Mother's Passport Size Photograph	Student's Passport Size Photograph
----------------	--	--	---

To,
Administrator,
Tapovan Sanskardham,
Navsari.

My Ward, whose detailed information are given below, seeks admission to your Gurukul. I request you to kindly grant him admission and oblige.

[I] Details of Student

1. Name : _____
Last Name (Surname) _____ Name _____
Father's Name (First name only) _____ Mother's Name (First name only) _____

2. Birth Date :
(English Calendar) Janma Tithi : _____
(Gujarati Calendar)

3. Religion : _____ Caste : _____

Nationally : _____ Blood Group : _____ Aadhar No. : _____

For Office Use Only		
CC No. <input type="text"/>	GR No. <input type="text"/>	Admi. Confirm Date <input type="text"/>

4. Student's Bank Account Details :

Name of the Bank _____ Branch : _____

A/c. No. : _____ IFSC Code : _____

(Please attach cancelled cheque of student's account)

5. Address :

(I) Resi. Address : _____

Village/Town/City _____ State _____ Pin Code _____

(II) Correspondence Address :

(If different from above, else write same as above)

Village/Town/City _____ State _____ Pin Code : _____

(III) Mobile :

(IV) Tel. No. with Std. Code :

(V) Email : _____

6. Native :

Village Taluka District State

7. Religious Study : _____

8. Is either Parent a Staff Member of Tapovan : Yes

No

9. Last 5 Year's Academic Record :

Year	School	Affiliated to (SSC/CBSE/ ICSE/Other)	STD	Marks / Grade Obtained				Percentage / Grade in Final Exam
				English	Maths	Science	Gujarati/ Hindi *	

(If Gujarati subject available, provide marks/grade of Gujarati else provide marks/grade of Hindi subject.)

10. Appraisal of the Student :

Please mention the achievement/s, if any, of your child in academics/extra/co-curricular activities. (Viz. Sports, Music, Drawing etc.) (Attach Photocopy of Certificates, if any)

11. Please tick (✓) in the following columns about the student's interest/s.

Reading <input type="checkbox"/>	Public Speaking <input type="checkbox"/>	Elocution <input type="checkbox"/>	Music <input type="checkbox"/>	Acting <input type="checkbox"/>
Drawing <input type="checkbox"/>	Outdoor Games <input type="checkbox"/>	Indoor Games <input type="checkbox"/>	Karate <input type="checkbox"/>	Yoga <input type="checkbox"/>
Dancing <input type="checkbox"/>	Specify Other <input type="checkbox"/>	_____		

12. General Behaviour : Normal Mild Hyperactive

(II) Family Information

13. Father / Guardian

Name : _____
Tel./ Mobile No. : _____ DOB : _____
Educational Qualification : _____ Institution : _____
Religious Study : _____
Occupation : _____ Designation : _____
Office Address : _____

Aadhar No. : _____
Paternal Grandfather's (Dada) Name : _____ DOB : _____
Paternal Grandmother's (Dadi) Name : _____ DOB : _____

14. Mother / Guardian

Name : _____
Tel./ Mobile No. : _____ DOB : _____
Educational Qualification : _____ Institution : _____
Religious Study : _____
Occupation : _____ Designation : _____
Office Address : _____

Aadhar No. : _____

15. Annual Family Income :

Up to Rs. 1 Lac Rs. 1 Lac to Rs. 2 Lac Rs. 2 Lac to Rs.5 Lac
Rs. 5 Lac to Rs.10 Lac above Rs. 10 Lac

16. Whether Single Parent : Yes No
If yes, Father Mother

17. Whether Single Child : Yes No

18. If not a single child, details of brothers / sisters of the Student.

No.	Name	B/S	DOB	Name of the Institution	Std./Board/Stream/Diploma/Masters

19. Do you belong to Joint Family? Yes No

20. Is any family member/s, close relative involved in any religious, social or political activities?
If so, please give the details. (If required, give details separately.)

21. Name and Address of guardian / relative residing nearest to Tapovan

Mobile No. : _____ Tel. No. with STD Code _____

Relation with the Student : _____

22. Name of any relative studying / studied in Tapovan

Full Name _____ Year of Study _____ Contact No. _____

23. What inspired you to take admission of your child in Tapovan tick appropriate boxes (✓)

Someone studying in Tapovan Payushana by Tapovani Student

Newspaper Advertisement Tapovan Shibir (Shibir Period)

Tapovan Stage Programme _____ To _____

Other _____

(III) **Medical History of the Child**

Height (cm) _____ Weight (Kg.) _____ Blood Group _____

24. Please mention in brief, if there is any history of previous illness, allergy or physical / psychological condition.

25. Hearing Deficiency :

Any difficulty observed : Yes No

Any consultation with doctor done : Yes No

If Yes, Explain : _____

26. Visual Deficiency :

Any consultation with doctor done : Yes No

Use of spectacles / contact lenses : Yes No

Spectacles No. : Left eye : _____ Right eye : _____

27. Reaction / allergy of any medicine / food or any special care :

28. Any contagious disease (Specify) :

29. Any other medical condition :

(Cardiac, Stammering, Fit (seizure), Uncontrollable Nature Calls etc.)

30. Any operation / Surgery undergone :

31. Congenital defects / disease : (Attach Report)

32. Psychological Condition, if any :



Medical Certificate

(To be certified by medical officer)

To,
The Administrator,
Tapovan Sanskardham,
Navsari.

Certified that Master _____

Son of Mr./Mrs. _____

seeking admission to your Institution in Std. _____ for the academic

Year _____ is examined by me. All the medical details mentioned at

Sr.No. 24 to 32 of the Application Form are correct to the best of my thorough

examination and knowledge. He is medically fit for granting admission in

Tapovan Sanskardham.

Date : _____

Place : _____

Signature of Medical officer

Name : _____

Regd. No. : _____

(Name, Seal with registered license number)



Please adhere to the rules and regulations of the institution. Parents are role model of the child. We need to follow rules as exemplars of values to Children. Relaxation given in one particular instance cannot be considered as favour to one compared to other. As such, do not influence the Management by request, recommendations or by any other means to give relaxation in any of the rules and regulations hereinabove.

The Management reserves the sole right to add, update, amend, modify and/or delete any or all of the rules and regulations at any time without giving any prior notice whatsoever. For any rules and regulations, special cases will be considered on merits solely at the discretion of the Management. Management's decision will be final and binding on both, the parents and the student.

I, _____ (*Name of Father / Mother / Guardian) * Father / Mother / Guardian of Master _____ seeking admission in Class _____, do hereby solemnly declare that I have carefully studied and understood the rules, code of conducts and regulations of the institution mentioned hereinabove and accept the terms, conditions, principles and procedures on which the institution functions. I agree to abide by all the rules and regulations or any substitutions or modifications in them, which may be made by the Management from time to time. I have not made any misstatement in the Admission Form nor I have concealed any information about any defects, disease and/or medical condition of my child. Any such misstatement about any information or any defects, disease and/or medical condition not declared, and if detected later on, the Management has right to cancel the admission of my child and forfeit the fees paid. I state that I have carefully studied the rules and regulations, more particularly the rules pertaining to leave and vacation and agree to abide by the same. I affirm that whatever stated above is true to the best of my knowledge, information and belief and nothing has been concealed therein.

* Strike out whichever is not applicable.

Student's Sign.

Father/Guardian's Sign.

Mother's Sign.

Explained to me in my mother tongue

Gujarati () / Hindi () / Marwadi () / _____

by

(Specify, if other)

(Name of the person / relationship with the parents)

Date : _____

Place : _____



For Office Use Only

Attachments Check List			
Sr. No.	Particulars	X / ✓	Remarks
1.	Birth Certificate		
2.	Copy of Aadhar Card of the Student		
3.	Cancelled Check of Student's Bank Account		
4.	Last 5 Year's Mark Sheet		
5.	Original School Leaving Certificate		
6.	Aadhar copy of Father/Guardian		
7.	Aadhar copy of Mother/Guardian		
8.	Report of congenital defects disease		
9.	Medical Certificate		
10.	Advance Fee Received		
11.	Others		



Tapovan Sanskardham

At. Dharagiri, Post : Kabilpore, tal. & Dist. Navsari – 396424

Contact No. : 9328381988, 9328429614

Website : www.navsaritapovan.org • Email : tapovan_navsari@yahoo.com