

**Vivekananda Vidya Kala Ashram Trust**

(Gurukulam Residential School)
Sivanvoil Post,
Thiruvallur Dist - 602 024.
Phone: +91 4116 224650,224673.

“Sri Paduka” H-Block Krishna Apartments,
1053 Poonamalle High Road,
Chennai – 600 084.
Phone: +91 044-26610440/26421161.

Instruction: Please complete the application as accurately as possible.

APPLICATION FOR ADMSSION**FOR OFFICE USE**

Name of the Pupil
(in block letters)

Age and date of birth

Place of birth

Nationality & Religion

Nationality

Religion

Height & Weight

Sex

Male / Female

Mother tongue

Language known

To speak:

to write:

Recent
Passport size
Photograph

PARTICULARS**FATHER****MOTHER**

Name

Educational qualifications

Occupation

Post held / Dsignation

Department / Employer
(Name of the Co., Firm., Office)

Address:

Father's business / office address:

Mother's business /office
address:

Telephone:

Mobile:

Fax:

E-mail:

Telephone:

Mobile:

Fax:

E-mail:

Parent's residential address:

class to which admission is sought		Second Language Tamil / Hindi
Academic year to which admission is sought		

Record of previous schooling

SCHOOL ATTENDED	PLACE	CLASS	YEARS
i)			
ii)			
iii)			
iv)			
v)			

List of names of all brothers and sisters with their age.

Name	Sex	Age	Class	School / College studying / studied

Details of medical history of the child:
 Blood group:
 History of serious illness in the past if any:

Does the Child have any identified allergies
 (Give details):

Any physical / mental handicaps
 (Give details):

Physical defect if any
 (Give details):

Visual Auditory Orthopedic

Has the child been inoculated / Antigen vaccinated?

<input type="checkbox"/> Triple	<input type="checkbox"/> Polio	<input type="checkbox"/> BCG	<input type="checkbox"/> Cholera	<input type="checkbox"/> Small Pox	<input type="checkbox"/> Typhoid
<input type="checkbox"/> Measles	<input type="checkbox"/> Yellow fever	<input type="checkbox"/> Chicken Pox	<input type="checkbox"/> Hepatitis A	<input type="checkbox"/> Hepatitis B	

Address of family Doctor, if any

Please note: Selected Candidates will be asked to appear for medical test / investigation.

DETAILS OF LOCAL GUARDIAN(S) AT CHENNAI		
	1	2
a. Name		
b. Sex		
c. Occupation / Business		
d. Chennai Address (office)		
Phone:		
e. Chennai Address (residential)		
Phone:		
Name(s) of the relatives & guardians permitted by the parents to visit their wards at campus. No other visitors will be permitted to visit the student and to have contacts with us unless accompanied by the parents	NAME	RELATIONSHIP
I Mr. / Mrs. _____, Father / Mother / Guardian of the ward seeking admission, certify that information furnished above is complete and correct to the best of my knowledge. I also certify that I have carefully gone through the school's prospectus and all the terms & conditions mentioned therein are acceptable to me.		
Signature Mr. / Mrs. _____ (Name in block letters)		
Date of Registration:	<input type="text"/>	Admission for the Academic year: <input type="text"/>

Remarks of Principal

Signature of Principal

For office use