



Holy-wood Academy Kolhapur's

Since : 1994

SANJEEVAN VIDYALAYA, PANHALA.

(State Board - English Medium Residential School)

School Index No. : 23.10.042

UDISE CODE : 27340202705

Sanjeevan Knowledge City, Somwar Peth-Injole,
Tal. Panhala, Dist. Kolhapur - 416201. (Maharashtra) Ph. No. : (0231) 2686809/10

● E-mail : sanjeevanvidyalaya@gmail.com ● Website : www.sanjeevanvidyalaya.org ●

ADMISSION FORM

Class applied for : _____

Academic Year : 20 - 20

(Please affix stamp photographs)

STUDENT'S PHOTO

FATHER'S PHOTO

MOTHER'S PHOTO

GUARDIAN'S PHOTO

1. Name of the student (in block letters) :

(First Name)

(Middle Name)

(Surname)

2. Date of Birth (Date of birth should be the same as that on the Birth Certificate) :

In Figures : _____ In Words : _____

Place of Birth : _____ Taluka : _____ Dist. : _____

State : _____ Nationality : _____ Aadhar No : _____

3. Gender : _____ Religion : _____ Caste & Sub Caste : _____

(In case the student belongs to backward classes / tribes . Please give supporting documentary evidence)

4. a) Father's Full Name : _____

_____ Date of Birth : _____

b) Residential Address : _____

c) Occupation : _____

Organization : _____

d) Designation : _____

e) Office Address : _____

f) Mobile : _____

g) Email : _____

h) Marriage Anniversary : _____

5. a) Mother's Full Name : _____

_____ Date of Birth : _____

b) Residential Address : _____

c) Occupation : _____

Organization : _____

d) Designation : _____

e) Office Address : _____

f) Mobile : _____

g) Email : _____

6. a) Local Guardian Full Name : _____

Date of Birth : _____

b) Residential Address : _____

c) Occupation : _____

Organization : _____

d) Designation : _____

e) Office Address : _____

f) Phone / Mobile : _____

g) Email : _____

h) Marriage Anniversary : _____

7. Student Living with

Both Parents ☐

Father ☐

Mother ☐

Local Guardian ☐

8. **Student's Passport Details :**

a) Passport No. : _____

b) Type & Country Code : _____

c) Date of Issue : _____

d) Date of Expiry : _____

9. School in which the student is presently studying : _____

Address : _____ Class : _____

10. Special interests of the Student : _____

UNDERTAKINGS BY PARENTS :

- 1) I / We have read the Hostel Rules and Regulations laid down by the school to abide by them.
- 2) I / We hereby authorize the persons as stated on Page 1 of this form to act as Local Guardians for my / our son / daughter. I / We also delegate my / our responsibility to him / her and authorize him / her to take necessary decision and action in my / our absence.
- 3) I / We certify that my / our residential address and the Local Guardians address and contact details as mentioned on Page 1 of this form are correct. In case of any change, I / we will intimate the same to the school management within 3 days.
- 4) My / our ward will not indulge in any act of RAGGING. If he / she is found indulging in any such act or misbehavior, disciplinary action may be initiated against him / her as per the provisions of the Act No. IPC 326 (Serious Injury), 323 (Injury) and IT Act 67 (Vulgar SMS) and he / she may be expelled from the school if found guilty. If my / our ward is involved in any act of ragging, an FIR may be lodged against him / her.
- 5) I / we have gone through the hostel guidelines and read through the fee structure and payment schedule. We agree to abide by them and strictly adhere to the payment schedule given. I / We will deposit the fees in full before the beginning of each term. The school fees and penalty, which is due towards payment by me, will be paid within 30 days. If I / we default in making the payment, I / we are aware that, I / we will be asked to withdraw my / our ward. I / We will accept such a decision of the school authorities.
- 6) I / We have carefully read the "LEAVE RULES" of the institution for Sanjeevan Vidyalaya Hostels. I / We understand that no leave is granted to the students unless approved by the Principal / Sr. Coordinator. The gate pass will be issued only to me / us or to the authorized local guardians to take my / our ward, out of the hostel during regular week end outings / leave for special occasions.
 - a. Leave for attending marriage :
 - i) I / We understand that the application for leave to attend marriage will be supported by a marriage invitation card.
 - ii) I / We understand that in addition to the travel time, only two days leave will be permitted for the following cases :
 - a) Marriage of brother & sister.
 - b) Marriage of Parent's brother & sister.
 - b. Leave on account of death in the family.
 - i) I / We understand that such leave is permissible to offer condolence only in the event of death of an immediate relation in the family.

- 7) I / We shall ensure that my / our ward will report back to the school on the assigned date as mentioned in the leave application. He / she will join back on the day the school re-opens after vacations as per the dates specified in the school calendar. I / We understand that if my / our ward fails to join back on the assigned date, necessary disciplinary action may be taken against him / her as per the school rules and regulations.
- 8) I / We understand that my / our ward will be expelled from the school for any of the following act :
- a) Using unfair means in any examination.
 - b) Consistent unsatisfactory progress.
 - c) Any act of Immorality as per social norms.
 - d) Grave insubordination.
 - e) Stealing or extortion of money or any item from other students.
 - f) Contempt of authority.
 - g) Leaving the hostel or school premises without prior permission.
 - h) Damaging school property.
 - I) Any word, statement or action likely to undermine the reputation of the institution.
 - j) Bullying, assaulting and any act of ragging.
 - k) Smoking, drinking alcohol and use of other psycho tropic drugs and substances.
- 9) I / We certify that all information related to the medical history of my / our ward is correct & complete. I / We understand that the school will do its best to provide routine medical aid, but will not be held responsible for any sickness / undisclosed disease. I / We understand that in case of communicable / infectious diseases, my / our ward will be sent back home. I / We / local guardian will pick him / her up from the hostel.
- 10) I / We understand that in case of planned surgical procedures, we will duly inform the school authorities and formally apply for leave for my / our ward supported by all medical details & papers. I / We / Local Guardian will personally pick up our ward. My / Our ward will join back after complete recovery and a medical fitness certificate from the concerned medical practitioner.
- 11) If my / our ward leaves the school campus without permission, the school authorities may lodge on FIR with the local Police Station. I / We will have no right to question and raise objections to this action. The school will not be held responsible in the event of any accidental mishap or untoward incident in such circumstances.
- 12) I / We will try to attend the PTM as per the schedule given in the School Almanac. In case of my / our inability to do so, I / We will ensure the Local Guardians attend the PTM on our behalf.
- 13) I / We shall ensure that my / our ward will not carry any eatables, electrical gadgets, mobile phones or any other costly items to the hostel and school.
- 14) I / We & my / our family shall visit my / our ward only on the specified days stated in the visiting schedule for the Parents / Local Guardian.
- 15) I / We will not visit the rooms of the students without proper permission from the Principal / Sr. Coordinator / Warden.
- 16) I / We assure that I / We will extend full cooperation to the School authorities in the interest of my / our ward.

I / We have read the rules and regulations of the Sanjeevan Vidyalaya (Hostel & School) and agree to abide by them. If, in spite of precautions taken by the school, any mishap, accident, injury or death takes place during the period of my / our ward's stay in the school and hostel or if and when he / she joins a tour, excursion, sports activities or camp, I / We will not hold the school or any member of its staff whole or partly responsible for it.

(Father's Signature)

(Mother's Signature)

UNDERTAKINGS BY LOCAL GUARDIANS

- 1) I / We hereby agree to be the Local Guardian (s) for Master / Miss _____ son / daughter of _____ Mr. / Mrs. _____ and agree to take his / her responsibility in the absence of the parents.
- 2) I / We hereby undertake that I / We have read the Hostel Rules & Regulations of the School and agree to abide by them.
- 3) I / We confirm that my / our address and contact details are as mentioned in Page No. 1 of this form and in case they are changed I / We will intimate the same to the school management within 3 days.
- 4) I / We hereby undertake that in case of any sickness, particularly in case of any infectious / communicable disease or any emergency, it will be my / our responsibility to keep the ward with me / us during directed period by the school authorities.
- 5) I / We have studied the leave rules of the institution. I / We assure that, I / We will follow the stipulated timings. I / We and my / our family shall visit my / our ward only on the days specified in the Visiting Schedule for the Parents / Local Guardian.
- 6) I / We will personally pick up and drop him / her back as per the scheduled time of return for weekend outings / leave etc. I / We assure that I / we will always adhere to all rules related to the issue and submission of GATE PASS.
- 7) I / We shall ensure that my ward will report punctually to the school on the school opening days specified in the School Calendar failing which, disciplinary action may be taken against him or her. I / We are aware that such action may even be withdrawal from school.
- 8) I / We will not visit the rooms of the students without proper permission from the Principal / Sr. Coordinator / Warden.

(Local Guardian Signature)

Principal's Remark : _____

Principal Signature

FOR OFFICE USE ONLY

Documents Submitted	Original	Photocopy	Admission No : _____
Transfer Certificate	<input type="checkbox"/>	<input type="checkbox"/>	Date of Admission : _____
Birth Certificate	<input type="checkbox"/>	<input type="checkbox"/>	Admitted to Class : _____
Address Proof	<input type="checkbox"/>	<input type="checkbox"/>	House Name : _____
Mark Sheet	<input type="checkbox"/>	<input type="checkbox"/>	
Student's Photo	<input type="checkbox"/>	<input type="checkbox"/>	
Father's Photo	<input type="checkbox"/>	<input type="checkbox"/>	
Mother's Photo	<input type="checkbox"/>	<input type="checkbox"/>	
Migration Certificate	<input type="checkbox"/>	<input type="checkbox"/>	
Caste Certificate	<input type="checkbox"/>	<input type="checkbox"/>	



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STUDENT'S HEALTH FORM

1. Name of the student : _____ Date of Birth : _____

2. Blood Group of the student : _____ Gender : Male / Female

EMERGENCY CONTACT

Father's Name : _____ Mobile No : _____

Mother's Name : _____ Mobile No : _____

Local Guardian's Name : _____ Mobile No : _____

(Friend / relative who will assume temporary responsibility of your child in case you cannot be reached.)

Preferred Doctor (if any) _____ Phone : _____

Sibling (s) at Sanjeevan Vidyalaya, Panhala (Name and Class) : _____

MEDICATION

I give my consent to the School Medical Officer & School Nurse over - the - counter medication for common ailments. I am conscious of the fact that medication may rarely produce unwanted side effects.

[] Yes [] No

EMERGENCY PERMISSION

I give my consent for emergency measures to be taken in case of an emergency situation arising due to an accident / injury / medical or surgical emergency with the understanding that I (the father / the mother / the guardian of the student) shall be notified / informed of the same as soon as possible. The school will accept no responsibility for any unforeseen incident that may occur due to the administration of medicine / treatment in both emergency and non - emergency situations, though necessary precautions are taken.

Signature of Parent:

Date : / / 20

STUDENT'S HEALTH HISTORY

(To be filled in by the Physician)

Did your child have any of the following ailments in the past ? (Please circle)

Measles	Diabetes	Chickenpox
Typhoid	Jaundice	Goiter (Thyroid disease)
Mumps	Tonsillitis	Eczema
Poliomyelitis	Rheumatic Fever	Pleurisy
Discharging Ears	Tuberculosis	Heart Murmurs
Diphtheria	Kidney Stones	Whooping Cough
Epilepsy/ Seizures	Malaria	Asthma
Meningitis	Bladder / Kidney Infection	High / Low Blood Pressure

Other Specific Systemic Illnesses (if any) :

(Please Explain) _____

Q. 1 Has there been any tuberculosis in the family ? _____

Q. 2 Has the child undergone any operation ? _____

Q. 3 Mention any other facts that will be of assistance to the Medical Officer (Such as allergy to penicillin, any antibiotic; deficiency; allergy to any food; endocrine disorder etc.)

Note : Please furnish details of the illness giving frequency, severity of the disease etc., and a photocopy of the health record and treatment being administered. This should help the school medical officer to understand your child's illness better and should help in better management of him / her and when the situation demands.

Signature of Parent:

Date : / / 20



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LIST OF DOCUMENTS REQUIRED

1. Original admission form (Completely filled with best Information)
2. Original leaving certificate.
3. Previous years mark sheets (Photocopy/ Xerox)
4. Birth certificate (Photocopy/ Xerox)
5. Cast certificate (Photocopy/ Xerox)
6. Aadhaar Card of Student, Mother, Father, Local Guardian (Photocopy/ Xerox)
7. ID size photo of Student (Four), Mother, Father, Local Guardian (One each).