Vision Vidyashram World School

S.F.No.62/3, Ondi Veedu, Bomminayakan Palayam Village,
Latheri, Katpadi Taluk, Vellore District, Tamilnadu.

Phone : 0416-2241624, 2240258. **Mobile :** 9443140258, 74186 07508.

Email : contact@visionvidyashram.com **Website :** www.visionvidyashram.com

Date : _____ **Application No :** _____

Admission For :
(Please Tick the Appropriate Box)

6th ☐ 7th ☐ 8th ☐ 9th ☐ 10th ☐ +1 ☐ A ☐ A1

01 Personal Details

Name of Candidate :
(In Block Letters) _____

Date of Birth : _____

Age : _____ **Sex :** _____

Nationality : _____ **Blood Group :** _____

Residential Address : _____

Affix Passport Size Photo

_____

_____

Pincode : _____ **Phone:** _____

Languages Known by the Applicant (Speaking) : _____

Languages Known by the Applicant (Reading & Writing) : _____

Does the Applicant have any Family Members Studying at Vision (Provide details of Relationship, Name & Class)

_____

02 Parent's/Guardian Details

In Whose Primary Care is the Applicant (Tick as applicable) : ☐ Both Parents ☐ Mother ☐ Father ☐ Guardian

	Father	Mother	Guardian
Name :			
Occupation :			
Educational Qualification :			
Mobile No. :			
Email :			
Office Address :			
Office Phone :			

03 Earlier Academic Details

Name & Address of the School Last Studied : _____

_____

_____

Identify Examination Board (ICSE /CBSE / IGCSE / Matric / State Board) : _____

Academic History of Applicant : Please enter your marks in the appropriate column in the grid below. This grid must be filled in by ALL applicants. Copies of your std.9 and 10 reports must also be attached :

Subject	STD 9 (Half-Yearly)	STD 9 (Final)	STD 10 (Half-Yearly)	STD 10 (Final)
English :				
Second Language :				
Geography :				

Subject	STD 9 (Half-Yearly)	STD 9 (Final)	STD 10 (Half-Yearly)	STD 10 (Final)
Physics :				
Chemistry :				
Maths :				
Others :				

Proficiency in Extra Curricular Activities at Inter School Level :

Proficiency in Sports & Games (Mention only Outstanding Achievements) :

04 Medical Details

Does the Applicant have a Medical Condition which Requires Regular Intervention/Care : ☐ Yes ☐ No

If yes, Provide details (Attach recent medical report certified by a licensed medical practitioner). Please mention allergies and reactions to edibles, chemicals and other items

Has the applicant been prescribed any medication? If yes, provide details (Attach prescription) :

Applicant's/Family Doctor's Name & Address

Doctor's Contact Number :	Applicant's Blood Group :

Does the Applicant have Special Behavioural / Ability needs which the School must Know of : ☐ Yes ☐ No

Certificates to be submitted for confirmation of admission :

1) Birth Certificate
2) Transfer Certificate
3) Conduct Certificate
4) Community Certificate
5) Mark Sheet

Date : ----------

Signature of Parent / Guardian

I hereby certify that the above particulars are correct.
I have read the prospectus of the school and shall abide by the rules and regulations

Date : ----------

Signature of Parent / Guardian

For Office Only

Results of Admission Test

Signature of Teachers-in-charge

Results of Interview

Signature of Teachers-in-charge

Recommended for Admission : ☐ Yes ☐ No

Date : ----------

Signature of Head of School