

An Initiative of Nootan Sarva Vidyalaya Kelavani Mandal, Visnagar



FORM No.

DISE Code.

S. R. No.

Aadhaar No.

Admission Approved by

Date of Admission

Name of the Student : _____

Grade : _____ Year of Admission _____

Please affix latest Passport
size photograph in colour

STUDENT

Please paste photograph.
DO NOT STAPLE

Please affix latest Passport
size photograph in colour

MOTHER

Please paste photograph.
DO NOT STAPLE

Please affix latest Passport
size photograph in colour

FATHER

Please paste photograph.
DO NOT STAPLE

ADMISSION FORM

Personal Information

Surname First Name Middle Name
Date of Birth Age : Years Months Days Category
Date of Birth (in words)
Sex Female ☐ Male ☐ Nationality Mother Tongue Languages spoken at home
Permanent Address
City Pin Code Country Email address
Home Tele# Mob. (Father) (Mother) Whatsapp
Mailing Address if different

Health Information

Allergy/ Chronic ailment if any Physical handicap/ disability if any
Any other health problem

Educational Background

Name(s) of previous and present School(s) attended
City/State Country From To Reason for leaving
Has the child ever been Expelled/Rusticated/Not promoted to next class by any School? YES ☐ NO ☐
If YES, Please give details:

Academic Performance (Present Academic Year)

English Maths EVS / Science Social Study Hindi

Tick The Appropriate Box In Case You Belong To Any Of The Following Category:

Staff ☐ Name Position
Sibling ☐ Name Class

Parents' Information

Father's/ Guardian's Name Age Nationality Education/University
Mother's Name Age Nationality Education/University
Relationship with Child Are parents living together Yes ☐ No ☐

Profession

Father's Profession/Occupation Monthly income
Address
Telephone Fax Mob# E-mail
Mother's Profession/Occupation Monthly income
Address
Telephone Fax Mob# E-mail

Other Relatives Information

Real Brother/ sister 1.Name Age School attending/attended
Real Brother/ sister 2.Name Age School attending/attended
Relatives who are studying/have studied in the Nootan Global School
Name Class Year of Joining Relationship

References

Name Designation Telephone
Address City/ State Pin Code
Name Designation Telephone
Address City/ State Pin Code

Declaration

- I/ We declare that I am in a position to pay the prescribed fees and funds and will not ask for fee concession.
- I/ We understand that filling up of this Registration Form does not mean that my child will be given admission.
- The information given above is true to my knowledge & belief. If any information is found to be contrary to the facts, the admission of my ward may be cancelled at any stage.
- The name & date of birth of my ward as spelled above is correct and I shall not request for its change at a later stage.
- I/ We hereby certify that my ward and myself shall follow all the rules, regulations and procedures as laid down by the School from time to time.
- I/ We understand that the decision of the Management of the school shall be final & binding on me.
- I/ We certify that the information furnished in this form is true to the best of my knowledge and belief. False or incorrect information supplied in this application could jeopardize selection and enrolment.

Signature of Mother

Signature of Father

Name in block letters

Name in block letters

Dated

Note

1. School Leaving Certificate in original from the previous school will be required, if selected for admission.
2. Original Birth Certificate from the Municipal Committee/Municipal Corporation will be required insupport of date of birth of the student in case of admission to pre-primary/primary classes.
3. The candidate will be tested and considered only for the class for which he/she is registered.
4. This Registration Form duly completed should be deposited in the office within two days from the date of issue of this Form.
5. Registration fee is not refundable.

Attachments

- ☐ 1. Birth Certificate from Municipal Committee / Last School attended.
- ☐ 2. Original School Leaving Certificate
- ☐ 3. Original Marks Sheet/Report Card
- ☐ 4. Four Passport Size Photographs each of Student, Father, Mother and Escort.
- ☐ 5. Medical Form duly filled in and signed.
- ☐ 6. Transportation form duly filled in.

Sankalchand Patel Vidyadham, Visnagar - 384 315

Phone : 02765 - 225505, 227345, Mobile : +91-82380 88591

E-mail : info@nootanglobalschool.edu.in, Website : www.nootanglobalschool.edu.in

C.B.S.E Delhi Affiliation No: 430434
School No. 11336

SMT. REVABEN MANORBHAI PATEL

NOOTAN
GLOBAL SCHOOL

Nurturing Global Champion

MEDICAL FORM

(Use Block Letters Only)

Student's Name : _____

Gender : Male ☐ Female ☐ Age Grade

Blood Group : Height Weight

Please affix a
recent colour
photograph of
the child

Name of Parent : _____

Address for
Correspondence : _____

PIN _____

Phone : (R) _____ (O) _____

Mobile : _____ FAX : _____

Name of Local : _____

Guardian

Address for
Correspondence : _____

PIN _____

Phone : (R) _____ (O) _____

Mobile : _____ FAX : _____

Infectious Diseases :

(Please underline the disease(s) your child has already had)

Measles- German Measles- Scarlet Fever- Chicken pox- Mumps- Whooping Cough- Epidemic Viral
Hepatitis- Malaria- Typhoid Fever- Poliomyelitis- Tetanus- Diptheria- Meningitis- Endocarditis-
Mononucleosis (Glandular fever)- Toxoplasmosis, TB, Pulmonary Diseases/Primary Complex etc.

Recent exposure to any other contagious/infectious disease (give detail).

Other Illness (Please underline)

Respiratory	Frequent tonsillitis – Otitis (Ear infection) Bronchitis – Asthma – Sinusitis – Nose bleeding
Digestive	Gastric – Digestive – intestinal complaints
Heart & Circulation	Heart murmurs (congenital or acquired) – Peripheral Circulatory troubles (Chilblain or others)
Blood	Anemia – Prolonged Bleeding – Capillary fragility or other trouble.
Nervous	Epilepsy – Tetanus - Disorders of Character
Joints & Bones	Rheumatics illness – Trauma requiring special attention
Endocrine	Diabetes – Thyroid and Parathyroid problems or other
Metabolism	Obesity - failure to thrive –Other problems
Skin (Epidermic)	Eczema – Urticaria – Other contagious or non - contagious Skin diseases
Allergies	Drugs – Foods – Odours – Chemical Products – Plants Dust – Hair, Feathers
Urinary	Kidney trouble – bladder: cystitis – enuresis Genital
(Concerns mostly girls)	Eg. Incapacitating periods or other troubles
Teeth	Condition of Teeth – necessary care or supervision
Glasses or Contact lenses	If they are to be worn all the time please supply prescription.

Date of the most recent illness _____

Particular wishes of the parent _____

Please state that whether the child is fit and able to participate in sports and expeditions.
If not please give

Medical Certificate _____

Concise physical report _____

Supplementary remarks
& information

(Send x-ray, Medical
Report)

Clinical Evaluation _____

Health Certificate _____

Date : _____

Place : _____

Signature of Medical Practitioner/Physician
With seal & Regn. No.

Sankalchand Patel Vidyadham, Visnagar-384315
E-mail: nootanglobal@spu.ac.in
website: www.nootanglobalschool.edu.in
Ph. 02765 -223531 Mo: 75748 50201

C.B.S.E Delhi Affiliation No: 430434
School No. 11336

SMT. REVABEN MANORBHAI PATEL

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GLOBAL SCHOOL

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Transport Form

Grade : _____

Admission No. - _____

Bus Route No. _____ Sector : _____ w.e.f. _____

We request that our son / daughter / ward whose particulars are given below may be allowed to use the school bus for his/her return journey between _____ and Nootan Global School w.e.f. _____ in the event of his/her admission to the school.

Please affix a recent colour photograph of the child

Information of the Child

Name : _____

Gender : ☐ Male ☐ FemaleDate of Birth : Age : Grade : Section :

Home Address : _____

Phone : (O) _____ (R) _____ Emergency/Mobile No.: _____

Approximate Distance from the School in km : _____

Declaration :

1. We undertake to pay the bus fee according to the rules in force from time to time.
2. We understand that it would be our responsibility to drop and pick up our child at/ from the specified pick up and dropping point.
3. We accept that the bus facility is extended to our ward at our own risk and responsibility.
4. We understand that our ward will be allowed to travel in the bus only if seat is available on the route.
5. We have read and do hereby consent to the terms and conditions regarding transportation.

Signature of Father /Guardian

Signature of Mother/ Guardian

Date: _____

Sankalchand Patel Vidyadham, Visnagar-384315

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