

Malolo, Nadi, Fiji  
Nadi, Fiji  
Regn. No. 3004  
Estd: 1949  
Managing Authority:  
Ramakrishna Mission, Fiji



P. O. Box 716,  
svcfiji@gmail.com  
www.rkmfiji.org  
P (679) 6700340  
M (679) 8987125

# Swami Vivekananda College

## APPLICATION FOR ADMISSION IN YEAR 13

FORM:

YEAR:

FEMIS ID:

PHOTO

### SECTION A: PERSONAL DETAILS

Last Name	First Name	Middle Name
<input type="text"/>		
Date of Birth:	<input type="text"/> <input type="text"/> <input type="text"/>	Gender: Male <input type="checkbox"/> Female <input type="checkbox"/>
	Day Month Year	
Citizenship:	Race:	Religion:
<input type="text"/>	<input type="text"/>	<input type="text"/>
Phone Contact:	<input type="text"/>	Email: <input type="text"/>

### SECTION B: FAMILY BACKGROUND

Father's Name:	<input type="text"/>	Mother's Name:	<input type="text"/>
Father's Occupation:	<input type="text"/>	Mother's Occupation:	<input type="text"/>
Father's Contact:	(Home): <input type="text"/>	Mother's Contact:	(Home): <input type="text"/>
	(Work): <input type="text"/>		(Work): <input type="text"/>
	(Mobile): <input type="text"/>		(Mobile): <input type="text"/>
(Email): <input type="text"/>		(Email): <input type="text"/>	

Father's Gross Annual Income:	\$ <input type="text"/>	Parent's Combined Gross Income:	<input type="text"/>
Mother's Gross Annual Income:	\$ <input type="text"/>		\$ <input type="text"/>

Parental Status: (Tick applicable category)

Together	<input type="checkbox"/>	Separated	<input type="checkbox"/>	Single Parent	<input type="checkbox"/>
Father Deceased	<input type="checkbox"/>	Mother Deceased	<input type="checkbox"/>	Step Parent	<input type="checkbox"/>

(If staying with the guardian)

Guardian's Name:	<input type="text"/>	Guardian's Contact:	(Home):
Guardian's Occupation:	<input type="text"/>		(Work):
Relationship:	<input type="text"/>		(Mobile):

Home Address:	<input type="text"/>	Postal Address:	<input type="text"/>
	<input type="text"/>		<input type="text"/>
	<input type="text"/>		<input type="text"/>

Guardian' Email:

Number of Siblings:

NAME	OCCUPATION	SCHOOL (& YEAR)/WORKPLACE
<input type="text"/>	<input type="text"/>	<input type="text"/>
<input type="text"/>	<input type="text"/>	<input type="text"/>
<input type="text"/>	<input type="text"/>	<input type="text"/>
<input type="text"/>	<input type="text"/>	<input type="text"/>

Emergency Contact: ***Please provide the name and a residential address of one person who can be contacted on your behalf in case of emergency.***

Name:	<input type="text"/>	Relationship:	<input type="text"/>
Address (only residential):	<input type="text"/>	Phone:	<input type="text"/>
	<input type="text"/>		

Mode of Transport:	To School:	<input type="text"/>	From School:	<input type="text"/>
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Sickness /Allergy (if any):

Special needs (If any):

Students currently at SVC who lives near your home:

NAME	FORM	NAME	FORM
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>

## SECTION C: EDUCATIONAL BACKGROUND

Please attach certified copies of results.

Internal/External Examination

Exam: _____	
School: _____ Year: _____	
Subjects	Marks
English	
Mathematics	
<b>Aggregate [ENG + BEST 3]</b>	

Exam: _____	
School: _____ Year: _____	
Subjects	Marks
English	
Mathematics	
<b>Aggregate [ENG + BEST 3]</b>	

## SECTION D: DECLARATION

### SECTION E: DECLARATION BY THE APPLICANT

*I acknowledge that the College reserves the right to deny me admission to a form or cancel my registration in any subject if the information given is incorrect or incomplete or if there are insufficient resources available at the College for me to successfully complete the course for which I applied or the subject I have registered in. **On admission I undertake to conform strictly to all the rules and regulations of the College, all the policies of the College and Ministry of Education and undertake to practice meditation wholeheartedly.***

Applicants Signature: \_\_\_\_\_

Date: \_\_\_\_\_

### SECTION F: DECLARATION BY THE APPLICANT'S PARENTS/GUARDIAN

*I hereby confirm the statements contained in the above application are correct. I undertake to pay all dues within the stipulated time and further **agree that my child/ward will conform strictly to all the school rules and regulations and all the policies and hold myself responsible for any damages or indiscipline caused by my child/ward. I understand the noble purpose of universal meditation technique taught at the College and give consent to him/her to practice meditation. I am willing and capable to support his/her education financially in the above College.***

Parents/Guardian's Signature: \_\_\_\_\_

Date: \_\_\_\_\_

*(Your application will be deemed incomplete if you do not sign this form)*

### FOR OFFICIAL USE

Decision:      APPROVED               NOT APPROVED               PENDING

Comment by recommending officer on decision taken:

\_\_\_\_\_

\_\_\_\_\_

Principal: \_\_\_\_\_  
[Signature]

Date: \_\_\_\_\_