



SWAMI VIVEKANANDA PUBLIC SCHOOL

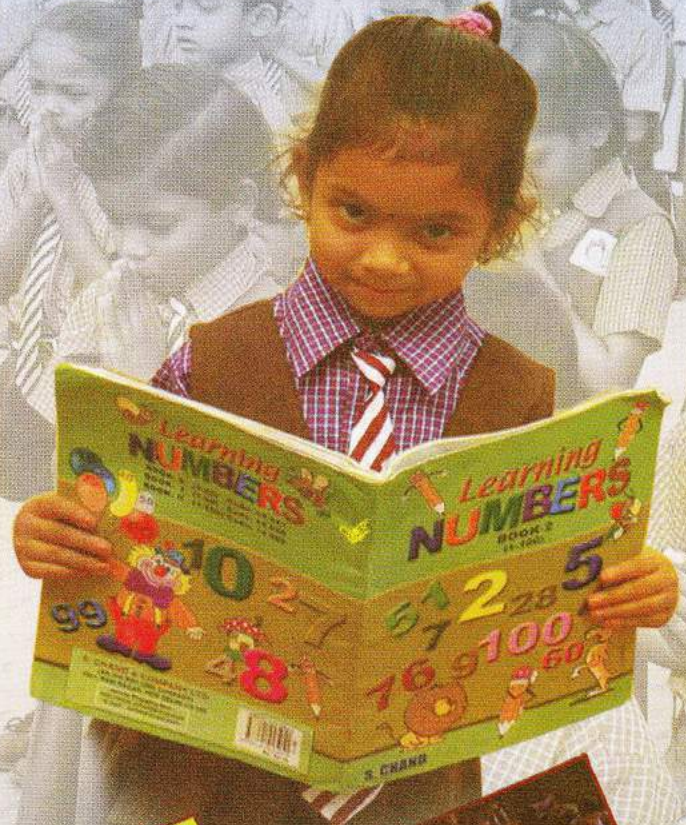
(Owned & Managed by Swami Vivekananda Educational Charitable Social and Spiritual Trust)

BHAWANIPATNA , KALAHANDI-766001, ODISHA



(An ISO 9001-2008 Certified School)

PROSPECTUS



"Arise and awake stop not till your goal is achieved"
Swami Vivekananda

Messages



New Delhi
17th September, 2003

Sri Bhairon Singh Shekhawat
VICE-PRESIDENT OF INDIA

MESSAGE

Hon'ble Vice-President of India, Sri Bhairon Singh Shekhawat is glad to know that Swami Vivekananda Public School, Bhawanipatna, Orissa is celebrating its 1st Anniversary on January 12, 2004 and a Souvenir is being brought out on this occasion.

The Vice-President of India appreciates the services rendered by the school in catering to the educational requirements of the students living in the region and sends his good wishes for the success of the 1st Anniversary Celebrations and the Souvenir.

Dr. K. E. Thakur
Officer on Special duty
to the Vice-President of India



GOVT. OF NATIONAL CAPITAL TERRITORY OF DELHI
DELHI SECRETARIAT, I.P. ESTATE
NEW DELHI - 110013
Phone : 2338200, 2338203
Fax : 2339111
O. O. No. : 2506/93C25
Dated: 25.02.11

MESSAGE

I am glad to know that Swami Vivekananda Public School, Bhawanipatna, Odisha is organizing 1st National Level Drawing Competition-2011 on 14th November, 2011.

I am sure that the Competition will be able to provide an opportunity to students to showcase their talents. I do hope that the School would continue to strive hard to achieve its motto apart from imparting purposeful education to students.

My best wishes for the success of the Drawing Competition.

(SHEILA DIKSHIT)



T. Ramachandru, I.A.S.
Commissioner-cum-Secretary
Raj Bhawan, Bhubaneswar-751008

Sri Surjeet Singh Barnala
Governor of Orissa

MESSAGE

His Excellency, Governor of Orissa Shri Surjeet Singh Barnala is glad to know that Swami Vivekananda Public School, Bhawanipatna is celebrating its first anniversary and publishing a Souvenir to mark the occasion.

Education provides the medium to give shape and content to the aspiration of the people. His Excellency believes that the magazine will provide an opportunity for the young writers to exhibit their talents.

His Excellency wishes the students and publication of the Souvenir all success.

November 25, 2003

T. Ramachandru, I.A.S.
Commissioner-cum-Secretary



Muralidhar C. Bhandare
GOVERNOR, ORISSA

June 6, 2011

MESSAGE

I am glad to know that Swami Vivekananda Public School, Bhawanipatna, Kalahandi is organising the 1st National Level Drawing Competition on November 14, 2011.

Children are a world of Joy. Their mere presence spreads happiness. Involving them in various competitions contributes immensely to their growth, strengthening their will to conquer challenges in future life. It is appropriate that the national level Competition is being organised on the Birthday of Pandit Jawaharlal Nehru, who loved children and as the nation's first Prime Minister guided plans and policies for the welfare of children.

I wish the endeavour all success.

Muralidhar Bhandare
(Muralidhar C. Bhandare)

OFFICE OF THE GOVERNOR, ORISSA
No. 11, 12, 13, 14, 15, 16, 17, 18, 19, 20, 21, 22, 23, 24, 25, 26, 27, 28, 29, 30, 31, 32, 33, 34, 35, 36, 37, 38, 39, 40, 41, 42, 43, 44, 45, 46, 47, 48, 49, 50, 51, 52, 53, 54, 55, 56, 57, 58, 59, 60, 61, 62, 63, 64, 65, 66, 67, 68, 69, 70, 71, 72, 73, 74, 75, 76, 77, 78, 79, 80, 81, 82, 83, 84, 85, 86, 87, 88, 89, 90, 91, 92, 93, 94, 95, 96, 97, 98, 99, 100



Dr. Sujata Dash (Ph.D In Law)
Advocate, High Court of Orissa
Ph. : 2619284(O), 2620492(Res)

MESSAGE

To,
The Principal,
SWAMI VIVEKANANDA PUBLIC SCHOOL,
Bhawanipatna, Kalahandi

Sir,

I am delighted to learn that Swami Vivekananda Public School is celebrating its 1st year of Competition on 12.01.2004 in Bhawanipatna, Kalahandi.

I hope, your school will fulfill the vision of Swami Vivekananda in spreading moral & intellectual among the masses.

I wish your celebration a grand success & congratulate the organisers for coming out with special souvenir on the said occasion.

Dr. Sujata Dash
Advocate

Salient Features :

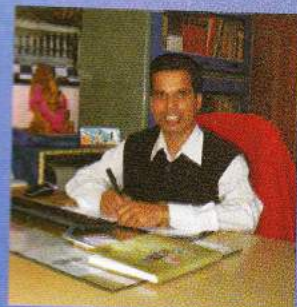
- An ISO 9001 : 2008 Certified School.
- Teacher- Student Ratio 1:15
- Well Trained experienced and Dedicated Teachers
- Play way methods of Teaching
- Yoga & Physical Education
- Dance & Music
- Spoken English
- Art & Craft
- Computer
- CCTV in each class-rooms
- Hostel facilities
- Monthly Medical Check -up for Hostel Students

Principal Desk


Swamiji has asserted "The real education is the process, by which character is formed, strength of mind is increased and intellect is sharpened, as a result of which one can stand on one's own feet. Our prime task is to impart and imbibe moral values, etiquettes which chisel them into good human beings and to pursue the trait of life and philosophy of Swami Vivekananda to build the modern India. Our Endeavour is to realize and develop the children to their fullest potentials unfolding the "Perfection, already within them."

Overall it's a home away from a home.

All Good Wishes.



Sibaram Nayak
B.A. (Disnt.), M.B.A. (HR), M.A. (Edu.)

 Chairman's Message

Swamiji viewed education is the process, by which character is formed, strength of mind is increased and intellect is sharpened, as a result of which one can stand on one's own feet.

In this dynamic world of today, the best way to succeed in our task is to adapt to new changes and work systematically with a clear vision, honesty and transparency. At Swami Vivekananda Public School, Bhawanipatna, our prime objective is the overall development of the students.

We are to great extent responsible for shaping the destiny of our nation. Our children, as future citizens must be well equipped to take on any challenges. We both teachers and parents are primary stakeholders and we must ensure that our children must inculcate moral values, develop awareness ideas, skill for effective communication and create avenue to exhibit their hidden talents.

From its inception 2003 Swami Vivekananda Public School is committed to providing safe, nurturing and learning environment that fosters their development and growth of child personality as a whole. This can be achieved as a team effort of parents, school staffs and students. We set quality objectives and follow total quality management concept.

We obtained ISO 9001:2008. We are very proud of our school and work industriously to promote our school motto "sa vidya ya bimukte ". It means the "education that liberates" with moral hi- tech. The school offers spectrum of co-curricular activities like dance, music, yoga, physical education, art and craft, computer, Spoken English, debates. We have hostel facilities with proper transport and other necessary amenities. We provide 1:15 teacher students ratio, well trained, experienced and dedicated teachers, play way method of teaching. We plan to impart foundation coaching for engineering and medical from class VIII onwards.

For smooth functioning of classroom management and live activities can be viewed with the aid of CCTV in each classroom. Our students doing splendid performance in academic as well as co-curricular activities in addition to this district level and state level debates, songs, odissi dance, etc.,. Students had participated and won prizes too. Overall it's a home away from a home.

The growth and development of the child can be maximized only if there is a Healthy collaboration between the School and the Parents, as the dictum goes that " *Parents are the first teacher and the teachers are the second parents* " we endeavor to develop a more persistent and continual mechanism to obtain parent's response.

THANK YOU.

1. Inception

The seed laid by the dynamic personality and programmatic visionary Sri. Sibrum Nayak on 2003, 12th January on the eve of 141st Birth Anniversary of Swami Vivekananda. Mr. Nayak is an Educationist having ample of teaching experience in national and international schools in and out of Odisha. He is a prodigy of knowledge and paragon of virtues. The School made rapid growth since its inception. The School has been achieving consistently good Academic result and excellent performance in co-curricular Activities games and sports. This could become possible by the enlightened guidance and inspiration leadership of Dr. Sujata Dash, Advocate, Odisha High Court (OHC), Sri Y.V. Anil Kumar, Computer Software Professional, Hyderabad ,A.P, Sri Bharat Sharma, Advocate , Supreme Court of India (SCI), New Delhi, Er. Ganesh Hembram (Electronics Media Representatives, Dept. of I&PR, Govt. of Odisha), Sri . Hemanta Kumar Mund. Teacher cum Social Worker, Sri Santanu Mohanty, Sales, HRM & Marketing Expert, Janab Munulla Khan, Social Worker, Sri Jogabyasa Bhoi, Mount Everest Conqueror, Sri Rajiv Lochan Panigrahy, Financial and Strategy. Expert have been taking active interest in the modification and progress of the school. His Excellency, Swami Vivekananda's shower of blessing stands as the back bone of this institution.

2. Vision

Swami Vivekananda Public School, Bhawanipatna aims at nurturing individuals students with paramount values and multi dimensional competencies. This is accomplished by focusing not only towards academic excellence but also all round development of the child, his character and personality, aesthetic refinements, effective skills and the art of living."

The worthiness of classroom teaching is significant. With this intention, we furnish the students with the paramount milieu and class -room teachers who incessantly strive to offer the encouragement amongst students to form bonds and association.

Our teacher's proficient derives strength from his/ her competence, quality of leadership and above all compassion and magnanimity.

Education is incomplete without placing a high premium on value education and so we work upon the young minds and imbue them with the ideals of love ,truth, justice, peace, righteous conduct and service to the society.

3. Mission

"We at Swami Vivekananda Public School, Bhawanipatna, have a mission to create individuals who are confident about their potential and are sensitive to their environment and above all, co-creators of their own destiny. Our aim is to help a child realise his/her inner strength and give him a conducive environment to grow and evolve as a good social being and a global citizen."

"Lives of great men all remind us, We can make our lives sublime, And departing leave behind foot prints, On the sands of time."

Following this phrase we strive to imbue in our students the determination and abilities to discover the treasure within, explore their latent talents and develop their skills to bring out the desired goals and stand out in the challenging world. We practice to fabricate these areas amongst students:

4. Aims and Objectives

The school is conceived and maintained as a happy and harmonious blending of the best in Public Schools tradition and the simplicity of ancient gradual with the Indian Values. The major aims and aspirations are-

- ☞ To provide board based and relevant education to children between the ages of 2 to 18 years, with a view of shaping them in body, mind and character so as to enable them to claim their rightful place in the modern society of a developing nation.
- ☞ The basic aim is to provide Primary Education for the children & the objective is to improve the Quality of Life.
- ☞ To prepare the students to live their lives successfully by imparting them the vision of life (**Knowledge**).
- ☞ To inculcate the spirit of service in the minds and heart of the students, for all walks of life and become responsible citizens of the future (**Service**).
- ☞ To make the students capable of facing the challenges in life efficiently and carve their own destiny. (**Strength**)
- ☞ To provide a balanced and life oriented school programme by incorporating progressive techniques, learning theories and methodologies (**Character**) Perspective. Education which liberates in addition to Moral and Hi-Tech. (सा विद्या या विमुक्तये).
- ☞ To ensure the existence and the promotion of an ethos of Swami Vivekananda which delivers social justice through mutual respect and tolerance for each other as a result it enhances the moral, social and spiritual doctrines in the lives of students.
- ☞ To provide the opportunities to all the students in order to acquire knowledge, skills that will prepare them for their chosen path into, and through adult life, able to accept fully that every right has, in equal measure, an associated responsibility.
- ☞ To create and sustain an environment that empowers every member of the school staff to operate as effectively as possible, able to rely upon the support of sound and strategic leadership and management.
- ☞ To promote creativity, flair, imagination and expression within the curriculum and beyond, in such a way as to encourage every member of the school community to explore their own potential in a motivated, responsive and inspirational manner.
- ☞ To work in partnership with our parents through effective communication and transfer of information in such a way that will facilitate mutual support and help ultimately leads to the development of every individual student.
- ☞ Through the accreditation of Specialist Status in the field of Science and Mathematics, it can be enhanced the quality of teaching and learning sections, Moreover the other curriculum activities can be boosted by the means of innovative practice and leading edge technology.

5. Our Strength

- An ISO 9001 : 2008 Certified School.
- CCTV in each class-rooms
- Hostel facilities
- Digital Class Rooms
- Teacher- Student Ratio 1:15 Well Trained,experienced and Dedicated Teachers
- Play way methods of Teaching
- Yoga & Physical Education
- Dance & Music
- Spoken English
- Art & Craft
- Computer
- Monthly Medical Check -up for Hostel Students
- The school has 300 Students from L.K.G. to STD-VIII. Consists of 15 teachers.



SWAMI VIVEKANANDA PUBLIC SCHOOL

ICSE New Delhi Curriculum

College Road, SVPS Campus, Bhawanipatna, Kalahandi-766001, Odisha

Cell: 0-9438159347, 0-9438159357, 0-9938309557, 0-9938309554, Fax/Tel: 06670-232433

Website: www.svpsparivar.org



Admission Norms :

- 1.Registration of the student is mandatory.
- 2.Transfer Certificate (TC) preferably counter signed by the Block- Education Officer or D.I. wherever applicable has to be submitted to the school for admission from 2nd Standard onwards.
- 3.Original Birth Certificate submission is mandatory.
- 4.Three passport sized three stamp size photo of the candidate and three passport size one stamp size of the parents (both father and mother)/ guardian has to be submitted along with filled-in application form for issue of identity card.
- 5.Address proof of the parent is required to be submitted to the school.
- 6.Medical fitness Certificate enclosed with this application has to be obtained from qualified , experienced Doctor.
- 7.Entrance Test will be conducted for seeking admission (if required).
- 8.Entrance Test subjects will be English, Maths, Science, General Awareness, Languages learnt, Questions will be based appropriate to their level.
- 9.Parent/ guardian of those students who have secured admissions are expected to provide commitment with regard to their wards punctuality, regularity, attending Teachers/ Management meeting on the scheduled date and time, payment of fees on time.
- 10.Under any circumstances permission will not be given for any of the student to leave the campus during school working hours. Except under emergency acute medical reasons.
- 11.As part of school curriculum, field trips, picnics, excursions, educational tours will be organized and conducted. Since bulk booking and bulk traveling takes places, expenses will be nominal which has to be borne by the parent/ guardian. Your co-operation in this regard is highly solicited.

12. All students must report on the given date and time after vacation, failing, which they will be fined Rs. 500 per day or their admission, may have to be cancelled.

13. Leave applications for attending marriages, functions or any other eventuality during the School working days will not be entertained.

14. Visiting Hours:

Parents and authorized local guardians are restricted to visit their wards during school working days or on weekends except the days specified in the interest of the students not to get disturbed.

15. Each Boarder is assigned a room on sharing basis with ultra modern facilities.

16. All clothing and personal possessions must be labeled with the student's name.

17. Hostellers are expected to observe discipline and decorum in their behaviors, in and outside the hostel.

18. Carrying of all kinds of electronic/ electrical devices like camera, mobile phone, MP3, ipod etc are strictly prohibited in the hostel.

19. Parents/ Guardians / Visitors are not allowed to visit the hostel/ dorms. They are expected to meet their wards in the Reception Lobby.

20. All students are expected to attend study hours compulsorily in the respective allotted classroom.

21. Leave notes/ Permission letters by the designated sanctioning authority is mandatory for submission if leave is availed.

22. Parent/Guardian/ are expected to sign & agree for the above norms.

I have thoroughly noted & understood the above rules regulations & take the responsibility of my ward's discipline and conduct.

23. Schools make provision to provide facial/ body soaps toothpaste. However if any specific soaps/ toothpastes specified by the doctor, it can be made available by the parent/ guardian.

24. All the leave applications/ requisition letters / permission letters / any of the letters of correspondence from the parent to any of the concern School authorities has to be necessarily be signed by the parent/ guardian and not by the student.



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(ICSE New Delhi Curriculum)

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Website: www.svpsparivar.org



HOSTEL STUDENTS RULES AND REGULATIONS

1. Hostellers will strictly abide the daily routine of the hostel and school timings, exempted only on medical grounds with prior permission granted by the concerned authorities.
2. Students will not be allowed to enter the hostel during school hours.
3. Hostellers will not be allowed to keep and take medicines/ tonics/ injections without the knowledge of the Medical Team/ Hostel teacher or Warden.
4. Hostellers will not be permitted to keep money or valuables in their possession. If so , it has to be deposited in the school's Account's office and can be withdrawn whenever required where proper account will be maintained by the school.
5. Cleanliness and hygenity are given prime importance. Therefore cupboards have to be arranged neatly. Periodical checks will be undertaken, extra items like outside food snacks are strictly prohibited to carried into the hostel room.
6. In case of any problems faced by the student should be immediately brought to the notice of hostel teacher/ warden. Follow ups rectifications will be undertaken immediately.
7. Hosteller falling sick should be reported to the school clinic/ authorities concerned. Immediate attention will be paid.
8. Hostel attendance will be taken in the Morning and evening.
9. Leave Rule: Every second Saturday is usually a holiday, however changes may be made keeping in view the convenience of the students. Parents/ Guardians of their respective wards are expected to come personally to pick their wards the previous day evening after the school hours previous day of the holiday and make arrangements themselves to drop the child back to school at the specified date & time.
10. School's hostel calendar will be given in the beginning of the Academic year.
11. Under no circumstances hostellers will be sent home or picked in school bus transportation, every hosteller has to strictly abide by it.

VISITING HOURS :

Parents and local guardians may visit their wards with **Gate Pass/ Identity Card** only on weekends of the month, public holidays and summers.

Summer : 8.00 AM to 9.30 AM

5.30 PM to 7.30 PM

Winter : 9.00 AM to 10.30 AM

4.00 PM to 6.00 PM

* Visitors and parents are not allowed to visit the hostel/dorms. They will meet their wards in the visitors room only.

Compulsory study hours:

8.30 PM to 10.00 PM in respective rooms under supervision of floor wardens. During Examination days the study timings can be extended for study in the common hall or their respected teachers. However all lights in the rooms must be switched "OFF" at 10.30 PM all students must maintain these hours.

Daily Routine:

Sl.No.	Activity	Time
01.	Get up at	5.00AM
02.	Supravatam (Morning Prayer)	5.00AM to 5.15 AM
03.	Jogging/Games/Yoga/Meditation	5.15 AM to 6.00AM
04.	Getting Ready to school	6.00 AM to 7.00 AM
05.	Glass of Milk (Horlicks/Bournvita, etc.), Snacks & Biscuits	7.00Am to 7.15 AM
06.	SCHOOL HOURS (With 30 minutes tiffin or breakfast at 9.00AM/ 10.30 AM)	7.30 AM to 1.30 PM
07.	Lunch	1.45 PM to 2.00 PM
08.	Rest	2.00 PM to 3.30 PM
09.	Games	3.30 PM to 4.30 PM
10.	Tuition Hours	4.30 PM to 6.30 PM
11.	Pray/ Gita Chanting	6.30 PM to 6.45 PM
12.	Snacks	6.45 PM to 7.00PM
13.	TV Hours	7.00 PM to 8.00 PM
14.	Dinner	8 PM to 8.30 PM
15.	Compulsory study hours	8.30 PM to 10.00 PM
16.	Glass of Milk	10.00 PM

Undertaking by Parents

1. I / We have read & understood the Hostel Rules & Regulations laid down by the School and agree to abide by them.
2. I / We hereby authorize the persons as stated on Admission 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 decisions and actions in my / our absence.
3. I / We certify that my / our residential address and the Local Guardians address and contact details as mentioned on Admission 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.
5. I / We have gone through the prospectus and understood the fee structure & 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 SVPS, Bhawanipatna Hostels. I / We understand that no leave is granted to the students unless approved by the Principal / Vice Principal/ Hostel Warden. 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:
 - i. Marriage of real brother & sister.
 - ii. Marriage of Parents real 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 reopens 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 & regulations.
8. I / We understand that my / our ward will be expelled from the school for any of the following act:
- Using unfair means in any examination.
 - Consistent unsatisfactory progress.
 - Any act of Immorality as per social norms.
 - Grave insubordination
 - Stealing or extortion of money or any item from other students
 - Contempt of authority
 - Leaving the hostel or school premises without prior permission. (Breaking the boundary rules)
 - Damaging school property
 - Any word, statement or action likely to undermine the reputation of the institution.
 - Bullying, assaulting and any act of ragging
 - Smoking, drinking alcohol and use of other psychotropic drugs & 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. I / We agree to accept the Medical Insurance Policy which the school will enter into agreement with the Insurance Company. In the event of an emergent requirement of surgery / treatment, I / we permit the school authorities to take appropriate action. I / We assure that the local guardian will immediately rush on information and duly sign all the required medical papers on my / our behalf. I / We agree to reimburse for all the medical expenses incurred by the school authorities during the course of treatment which are not covered under the Insurance policy.

CUT HERE



CUT HERE



UNDERTAKING BY LOCAL GUARDIANS

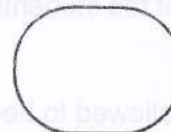
12. If my / our ward leaves the school campus without permission, the school authorities may lodge an FIR with the local Police Station. I / We will have no right to question and raise objections to this action. The school will not be held responsible in the event of any accidental mishap or untoward incident in such circumstances.
13. 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 that the Local Guardians attend the PTM on our behalf.
14. 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 & school. My / our ward will not keep more than Rs. 250 with him / her.
15. 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.
16. I / We will not visit the rooms of the students without proper permission from the Principal / Vice Principal / Warden.
17. 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 & Understood the rules & regulations of the Swami Vivekananda Public School, Bhawanipatna (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 & 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 wholly or partly responsible for it.

(Full Signature of Father)

(Full Signature of Mother)



Left/Right
hand thumbs
impression



Left/Right
hand thumbs
impression

(Second Local Guardian's full signature)

(First Local Guardian's full signature)



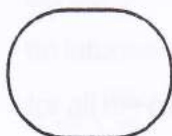
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UNDERTAKING BY LOCAL GUARDIANS

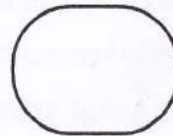
1. I/We hereby agree to be the Local Guardian(s) for Master/Miss _____ son/daughter of Mr. /Mrs. _____ and agree to take his/her responsibility in the absence of the Parents.
2. I/We hereby undertake that I/We have read the Hostel Rules & Regulations of the School and agree to abide by them.
3. I/We confirm that my/our address and contact details are as mentioned in Admission 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 the 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 & 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 & 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 & submission of **GATE PASS/ Identity Card.**
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 shall ensure that my ward does not carry any eatables, electrical gadgets, mobile phones or any other costly items to the hostel & school. He / She will also not carry more than Rs 250/ cash with him / her at any given time.
9. I/We will not visit the rooms of the students without proper permission from the Principal/Vice Principal/ Warden.
10. Only those persons will be allowed to become the local guardian who are employed. No Student will be allowed to become the guardian.

(First Local Guardian's full Signature)



Left/Right
hand thumbs
impression

(Second Local Guardian's full Signature)



Left/Right
hand thumbs
impression

Medical Report

(To be certified by a Medical Officer)

Student's Name _____

Date of Birth _____ Blood Group _____

Has he/she undergone any operation? If so, give date and particulars. _____

Has He/She has a serious illness or accident? If so, give date and particulars

HAS HE/ SHE HAD:

Measles	Yes	<input type="checkbox"/>	No	<input type="checkbox"/>	Glandular Fever	Yes	<input type="checkbox"/>	No	<input type="checkbox"/>
Mumps	Yes	<input type="checkbox"/>	No	<input type="checkbox"/>	Rheumatic Fever	Yes	<input type="checkbox"/>	No	<input type="checkbox"/>
Chickenpox	Yes	<input type="checkbox"/>	No	<input type="checkbox"/>	Meningitis	Yes	<input type="checkbox"/>	No	<input type="checkbox"/>
Malaria	Yes	<input type="checkbox"/>	No	<input type="checkbox"/>	Hepatitis-A	Yes	<input type="checkbox"/>	No	<input type="checkbox"/>
Recurring Tonsillitis	Yes	<input type="checkbox"/>	No	<input type="checkbox"/>	Hepatitis-B	Yes	<input type="checkbox"/>	No	<input type="checkbox"/>
Ear Infection	Yes	<input type="checkbox"/>	No	<input type="checkbox"/>	Pneumonia	Yes	<input type="checkbox"/>	No	<input type="checkbox"/>

DOES HE/SHE HAVE?

Epilepsy	Yes	<input type="checkbox"/>	No	<input type="checkbox"/>	Diabetes	Yes	<input type="checkbox"/>	No	<input type="checkbox"/>
Heyfever	Yes	<input type="checkbox"/>	No	<input type="checkbox"/>	Asthma	Yes	<input type="checkbox"/>	No	<input type="checkbox"/>
Sight Problems	Yes	<input type="checkbox"/>	No	<input type="checkbox"/>	Bed wetting problems	Yes	<input type="checkbox"/>	No	<input type="checkbox"/>
Hearing Loss	Yes	<input type="checkbox"/>	No	<input type="checkbox"/>					

Long term Medication:

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Other Illness : _____

Allergies: please specify: _____

To medication _____

To food: _____

Others: _____

PARTICULARS OF INOCULATIONS AND VACCINATIONS

Triple Vac-Date: _____ Tetanus-Date _____ Hepatitis 'B' Date _____

ANY FURTHER HEALTH PROBLEMS THAT WE SHOULD BE AWARE OF ?

Date: _____

Place: _____

**Signature with seal
of the Medical Officer**

Long term Medication:



Medical Emergency Information

First Name	Middle Name	Last Name

Date of Birth	Sex	Weight	Blood Group

Address _____
 City _____ State _____ Pin Code _____

Primary Insurance Co.	Secondary Insurance Co.
Primary Insurance Number & Group	Secondary Insurance Number & Group

Past Medical History (Put a ✓ for the correct option)

Allergies <input type="radio"/> None <input type="radio"/> Unknown Medical Allergies : _____ _____ _____ _____ _____ _____	Cardiac <input type="radio"/> None <input type="radio"/> Unknown <input type="radio"/> Angina <input type="radio"/> Arrhythmia <input type="radio"/> Cardiomyopathy <input type="radio"/> CHF <input type="radio"/> Congenital <input type="radio"/> Implanted Defib <input type="radio"/> M Other _____	Surgery <input type="radio"/> None <input type="radio"/> Unknown <input type="radio"/> Abdominal <input type="radio"/> Heart <input type="radio"/> Lung <input type="radio"/> Neurological <input type="radio"/> Other _____ _____ _____
--	---	--

Chronic Illness (Put a ✓ for the correct option)

<input type="radio"/> None <input type="radio"/> Asthma <input type="radio"/> Bleeding Disorder <input type="radio"/> Cancer <input type="radio"/> COPD <input type="radio"/> CVA/TIA <input type="radio"/> Diabetic	<input type="radio"/> Dialysis/ Renal <input type="radio"/> Gastrointestinal <input type="radio"/> Headaches <input type="radio"/> Hepatitis <input type="radio"/> HIV+ <input type="radio"/> Hypertension <input type="radio"/> Paralysis	<input type="radio"/> Psychological <input type="radio"/> Seizures <input type="radio"/> Substance Abuse <input type="radio"/> TB <input type="radio"/> Unknown <input type="radio"/> Other _____ _____
--	--	---

Current Medications

Family Physician	Physician's Phone Number
Local Contact Name & Relationship	Local Contact Phone Number
Outstation Contact Name & Relationship	Outstation Contact Phone Number

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Additional Information

First Name _____ Middle Name _____ Last Name _____

Immunization Certificate

(To be certified by a Registered Immunization Centre or copy of vaccination card can also be attached)

Certified that Master/ Miss _____
son/daughter of Mr./ Mrs. _____, has been immunized against

1. Typhoid on date _____ (Injection/ Oral)

2. Hepatitis B

I. 1st Dose on date _____

II. 2nd Dose on date _____

III. 3rd Dose on date _____

3. Hepatitis A

I. 1st Dose on date _____

II. 2nd Dose on date _____

4. Chicken pox on date _____ (No vaccination required if already suffered)

Date : _____

Place : _____

Signature of Immunologist
(Name with Seal)

Medical Certificate

(To be certified by Medical Officer, Swami Vivekananda Public School, Bhawanipatna)

Certified that I have examined Master/ Miss _____ Son/daughter of Mr/
Mrs. _____, class-section _____, and that he/she is
medically fit / unfit for admission in the hostel.

Date : _____

(Signature of Medical Officer)
Swami Vivekananda Public School, Bhawanipatna

Character Certificate

(Applicable for all new admissions)

I, _____ hereby certify that _____ son /
daughter of Mr./ Mrs. _____ was a bonafide student of this school since the last
_____ Years.

To the best of my knowledge he/she bears a good moral character.

Date : _____

Place : _____

Head Master / Principal
of school last attended
(With School Seal)

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Swami Vivekananda Public School Student's I.Card Form

*Please write in capital letters.

Affix
Passport
size photo


Admission Number : _____ Roll No.: _____
 Class : _____ Section : _____
 Name : _____
 Father's Name : _____
 Mother's Name : _____
 Date of Birth: _____ Blood Group _____ Phone No. _____
 Cell No.: _____

Signature of the parents

*Signature of the In charge
Teacher/Office Asst.*


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 <p>SWAMI VIVEKANANDA PUBLIC SCHOOL (ICSE New Delhi Curriculum) Govt.College Road, SVPS Campus, Bhawanipatna, Kalahandi-766001, Odisha Website: www.svpsparivar.org</p> <p>Principal -0-9437363011 Email: principal@svpsparivar.org</p> <p>Office Asst. -0-9438159357, Email:inquiry@svpsparivar.org</p> <p>Fee/ Admission In-Charge -0-9938309554, Email: inquiry@svpsparivar.org</p> <p>Asst. Principal -0-9438159347, Email: Career@svpsparivar.org</p> <p>Hostel Warden -0-9938309557, Email: hostel@svpsparivar.org</p> <p>(Others) Fax/Tel- 06670-232433 Email: feedback@svpsparivar.org</p> <p style="text-align: center;">Transportation/Bus/Van -9777199584</p>	Identity Card/ Gate Pass	<p style="text-align: center;">Swami Vivekananda Public School An ISO 9001 : 2008 Certified School</p> <p><i>Note- *Please produce this card at the time of meeting of child/ Gate pass</i></p> <p style="text-align: center;">Parents</p> <p>Student's Name : _____ Father's Name : _____ Mother's Name : _____ Cell No.: _____ Identification Mark: _____</p> <p style="text-align: center;"><i>Sign. of the parents/ Guardian</i></p>	Affix Father Recent Stamp size Photo	Affix Mother Recent Stamp size Photo	Affix Student Recent Stamp size Photo	Sign. of the Principal (With Seal)
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CUT HERE

CUT HERE

 <p>SWAMI VIVEKANANDA PUBLIC SCHOOL (ICSE New Delhi Curriculum) Govt.College Road, SVPS Campus, Bhawanipatna, Kalahandi-766001, Odisha Website: www.svpsparivar.org</p> <p>Principal -0-9437363011 Email: principal@svpsparivar.org</p> <p>Office Asst. -0-9438159357, Email: inquiry@svpsparivar.org</p> <p>Fee/ Admission In-Charge -0-9938309554, Email: inquiry@svpsparivar.org</p> <p>Asst. Principal -0-9438159347, Email: Career@svpsparivar.org</p> <p>Hostel Warden -0-9938309557, Email: hostel@svpsparivar.org</p> <p>(Others) Fax/Tel- 06670-232433 Email: feedback@svpsparivar.org</p> <p style="text-align: center;">Transportation/Bus/Van -9777199584</p>	Identity Card/ Gate Pass	<p style="text-align: center;">Swami Vivekananda Public School An ISO 9001 : 2008 Certified School</p> <p><i>Note- *Please produce this card at the time of meeting of child/ Gate pass</i></p> <p style="text-align: center;">Guardian</p> <p>Student's Name : _____ Father's Name: _____ Mother's Name: _____ Guardian's Name : _____ Cell No.: _____ Identification Mark: _____</p> <p style="text-align: center;"><i>Sign. of the parents/ Guardian</i></p>	Affix Student Recent Stamp size Photo	Affix Guardian Recent Stamp size Photo	Sign. of the Principal (With Seal)
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SWAMI VIVEKANANDA PUBLIC SCHOOL

[ICSE NEW DELHI CURRICULUM]

(An ISO 9001:2008 Certified School)

(Application-cum-Registration Form) No. **945**



01. Name of the Student Miss./Master. : _____
02. L.K.G./U.K.G./ Std. : _____
03. Sex : Male Female 04. Nationality of Child _____ 05. Blood Group _____
06. Date of Birth (According to Birth Certificate) : _____
- D D M M Y Y Y Y
07. Studing in Class _____ Applying for the Class _____

08. Parents Details

FATHER

MOTHER

LOCAL GUARDIAN

(FOR BOARDS ONLY)

- Name : _____
- Date of Birth : _____
- Nationality : _____
- Academic Qualification : _____
- Occupation : _____
- Designation : _____
- Name of Organisation : _____
- Office/Business Address : _____

Residential Address : _____

- Phone No. : _____
- Mobile No. : _____
- E-mail : Address _____

09. Caste (SC/ST/OBC) _____

CERTIFICATE FROM PARENTS : I do hereby declare that all the statements mentioned above by hand are true to the best of my knowledge and belief. I will abide by all the rules and regulation of the school.

Date. Sign. of the Father Sign. of the Mother Sign. of the Guardian

Right hand thumbs impression Left hand thumbs impression Left/Right hand thumbs impression

SI.No.

For Office Use Only

01. Date of Admission : **945** _____
02. Admission Receipt No. _____
03. Enclosures [please Tick (✓)]
- a. A photocopy of birth certificate/Age proof/TC
 - b. One passport size photograph of Child
 - c. A photocopy of last progress report.
 - d. A passport size photographs of the parents/guardian
 - e. TC has to be countersigned by the competent in respect of Std-II onwards

Paste a passport size photo of student

Paste a passport size photo of Father

Paste a passport size photo of Mother

Counter Sign. of Receiving Officer
SVPS, Bhawanipatna, Kalahandi

Sl. No.

SWAMI VIVEKANANDA PUBLIC SCHOOL

[ICSE NEW DELHI CURRICULUM]
(An ISO 9001:2008 Certified School)

(Application-cum Registration Form)



01. Name of the Student Miss./Master: KUNAL NAYAK
 02. L.K.G/U.K.G/Std. I/Std. II/Std. III/Std. IV/Std. V/Std. VI U.K.G.
 03. Sex: Male Female Nationality of Child INDIAN
 04. Date of Birth (According to Municipality Certificate): 27 05 2008
 D D M M Y Y Y Y
 05. Studying in the Class Applying for the Class U.K.G.

	FATHER	MOTHER	LOCAL GUARDIAN (FOR BOARDS ONLY)
Name	MURALI DHAR NAYAK	RANJITA NAYAK	GANSIDHAR NAYAK
Date of Birth	22/3/1978		
Nationality	INDIAN	INDIAN	INDIAN
Academic Qualification	MATRIC	MATRIC	7th
Occupation	FARMER	HOUSEWIFE	FARMER
Designation	-	-	-
Name of Organisation	-	-	-
Office / Business Address	-	-	-
Residential Address	AT - TERLO, PO - KERBANOP PS - NARLA, DIST - B.O.D.	-- DO --	-- DO --
Phone No.			
Mobile No.	9178822064	9692050795	8658012100
E-mail Address:			

07. Caste (SC/ST/OBC) OBC

CERTIFICATE FROM PARENTS : I do hereby declare that all the statements mentioned above by hand are true to the best of my knowledge and belief. I will abide by all the rules and regulations of the school

09/02/2012 Date
Murali Dhar Nayak Sign. of the Father
Ranjita Nayak Sign. of the Mother
Gajendra Baird Sign. of the Guardian

Sl. No. **For Office Use Only** (Application-Cum-Registration Form)

01. Date of Admission : 09/2/2012 02. Admission Receipt No. 23/18
 03. Enclosures (Please Tick (✓))
 a. A photocopy of Birth certificate / Age proof / TC b. One Passport size photograph of child
 c. A photocopy of last progress report. d. A passport size photographs of the Parents / Guardian



Subrata
09/02/12
Counter Signature of Receiving Officer
SVPS, Bhawanipatna, Kalahandi

SWAMI VIVEKANANDA PUBLIC SCHOOL

[ICSE NEWDELHI CURRICULUM]

(An ISO 9001:2008 Certified School)

HOSTEL ADMISSION FORM

No. 945

Student Information

Admission Number <input style="width: 100%;" type="text"/>	Class <input style="width: 100%;" type="text"/>	Section <input style="width: 100%;" type="text"/>	Blood Group <input style="width: 100%;" type="text"/>	Affix passport size recent photograph	
Name <input style="width: 100%;" type="text"/>					
Admission Date <input style="width: 100%;" type="text"/> <small>(Day) (Month) (Year)</small>	Birth Date <input style="width: 100%;" type="text"/> <small>(Day) (Month) (Year)</small>				

Parental Information (Mother's)

Parental Information (Father's)

Name <input style="width: 100%;" type="text"/>	Affix passport size recent photograph	Name <input style="width: 100%;" type="text"/>	Affix passport size recent photograph
Mobile No. <input style="width: 100%;" type="text"/>		Mobile No. <input style="width: 100%;" type="text"/>	
Occupation <input style="width: 100%;" type="text"/>		Occupation <input style="width: 100%;" type="text"/>	
Designation <input style="width: 100%;" type="text"/>		Designation <input style="width: 100%;" type="text"/>	
Email-Id <input style="width: 100%;" type="text"/>		Email-Id <input style="width: 100%;" type="text"/>	

Residential Address

Residential Address

Residential Phone
(STD) (NUMBER)

Residential Phone
(STD) (NUMBER)

Specimen Signature

Specimen Signature

First Local Guardian's Information

Second Local Guardian's Information

Name <input style="width: 100%;" type="text"/>	Affix passport size recent photograph
Mobile No. <input style="width: 100%;" type="text"/>	
Occupation <input style="width: 100%;" type="text"/>	
Residential Phone <input style="width: 100%;" type="text"/>	
Residential Address: <input style="width: 100%;" type="text"/> <input style="width: 100%;" type="text"/>	

Name <input style="width: 100%;" type="text"/>	Affix passport size recent photograph
Mobile No. <input style="width: 100%;" type="text"/>	
Occupation <input style="width: 100%;" type="text"/>	
Residential Phone <input style="width: 100%;" type="text"/>	
Residential Address: <input style="width: 100%;" type="text"/> <input style="width: 100%;" type="text"/>	

Relationship with Student

Relationship with Student

Specimen Signature

Specimen Signature

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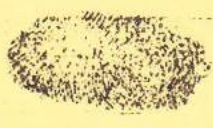
SWAMI VIVEKANANDA PUBLIC SCHOOL

[ICSE NEW DELHI CURRICULUM]
(An ISO 9001:2008 Certified School)

HOSTEL ADMISSION FORM

No. 1000

Student Information	
Admission Number <input type="text"/>	Class <u>UK 6</u> Section <u>A</u> Blood Group <u>O+</u>
Name <u>KUNAL NAYAR</u>	
Admission Date <u>09</u> / <u>02</u> / <u>2012</u> <small>(Day) (Month) (Year)</small>	Birth Date <u>27</u> / <u>05</u> / <u>2008</u> <small>(Day) (Month) (Year)</small>
Parental Information (Mother) Name <u>RANJITA NAYAR</u> Mobile No. <u>9692050795</u> Occupation <u>-</u> Designation <u>-</u> Email-Id <u>-</u>  Residential Address <u>AT-TERLO, PO-KERBA</u> <u>NDI, PS-NARLA</u> <u>DIST-KALAHANDI</u> Residential Phone <input type="text"/> <small>(STD) (NUMBER)</small> Specimen Signature <u>Ranjita Nayak</u>	Parental Information (Father's) Name <u>MURALIDHAR NAYAK</u> Mobile No. <u>9178822064</u> Occupation <u>FARMER</u> Designation <u>-</u> Email-Id <u>-</u>  Residential Address <u>AT-TERLO, PO-KERBA</u> <u>NDI, PS-NARLA</u> <u>DIST-KALAHANDI</u> Residential Phone <input type="text"/> <small>(STD) (NUMBER)</small> Specimen Signature <u>Muralidhar Nayak</u> <small>RT Imp of father</small>
First Local Guardian's Information Name <u>BANCDHAR NAYAK</u> Mobile No. <u>8658012100</u> Occupation <u>FARMER</u> Residential Phone <input type="text"/> Residential Address: <u>At Terlo, PO- Kerbande</u> <u>PS-NARLA, Dist - Kld.</u> Relationship with Student <u>GRAND FATHER</u> Specimen Signature <u>Banchohar Nayak</u>	Second Local Guardian's Information Name <u>GAJINDRA BARIK</u> Mobile No. <u>8658012001</u> Occupation <u>BUSINESS</u> Residential Phone <input type="text"/> Residential Address: <u>At- Musing, Po- Bhimkuan</u> <u>via- Rupnagar, Dist - Kld.</u> Relationship with Student <u>UNCLE</u> Specimen Signature <u>Gajindra Barik</u>

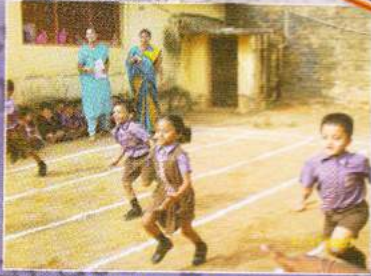


ଅଧିକ
 ପଞ୍ଚମ ବର୍ଷ, ୨୨୭୩ ବର୍ଷ,
 ଉ. ୨୮.୦୧.୦୮ ଉ. ୦୯.୦୨.୨୦୦୪

ସମ୍ପାଦ
 ପ୍ରକାଶନ, ୨୩ ଡିସେମ୍ବର ୨୦୦୪

ସମ୍ପାଦ
 ପ୍ରକାଶନ, ୧୬ ଡିସେମ୍ବର ୨୦୦୪

ACTIVITIES



Annual Sports



World Hand Washing Day



Participation in Fancy dress



Plantation of trees by students



Participation in State Level Odishi Dance Competition at Bhubaneswar



Participation in district level parade



Students receiving Certificate From Kalahandi Utsav



Jogabyasa Bhoi (Mt. Everest Conqueror is being felicitated)



Tribute to brave soldiers who sacrificed their lives in 26/11 (Mumbai Attack)



Padmashree Tulasi Munda Addressing the meeting



Save Gajaraj rally supported by O TV



Student participation in Bookfair



Winner of Debate Competition



Certificate of Registration
 This is to certify that
 The Quality Management System
 OF
SWAMI VIVEKANANDA PUBLIC SCHOOL
 AT
 GOVT. COLLEGE ROAD, BHAWANI PATNA,
 KALAHANDI - 766 001 (ODISHA)
 (INDIA)
 Has been found to conform to the Quality Management System Standard
ISO 9001:2008
 This certificate is valid for the following Product or Service or range
TO IMPART EDUCATION FROM NURSERY TO STD. 7TH AS PER THE ICSE PATTERN
 Certificate No. : PCMS/QMS/2878-2011
 Issued on : 12/08/2011
 Validity Date : 11/08/2014
 SUBJECT TO SUCCESSFUL SURVEILLANCE ASSESSMENT

Authorized by
CLAIMS & DIRECTOR

PC MANAGEMENT SYSTEM PVT. LTD.
 187-A, 188-B, PLOT-2, INDUSTRIAL AREA,
 PHASE-1, KALAHANDI, DIST. BHOJPALE, PIN-766001

PROSPECTUS



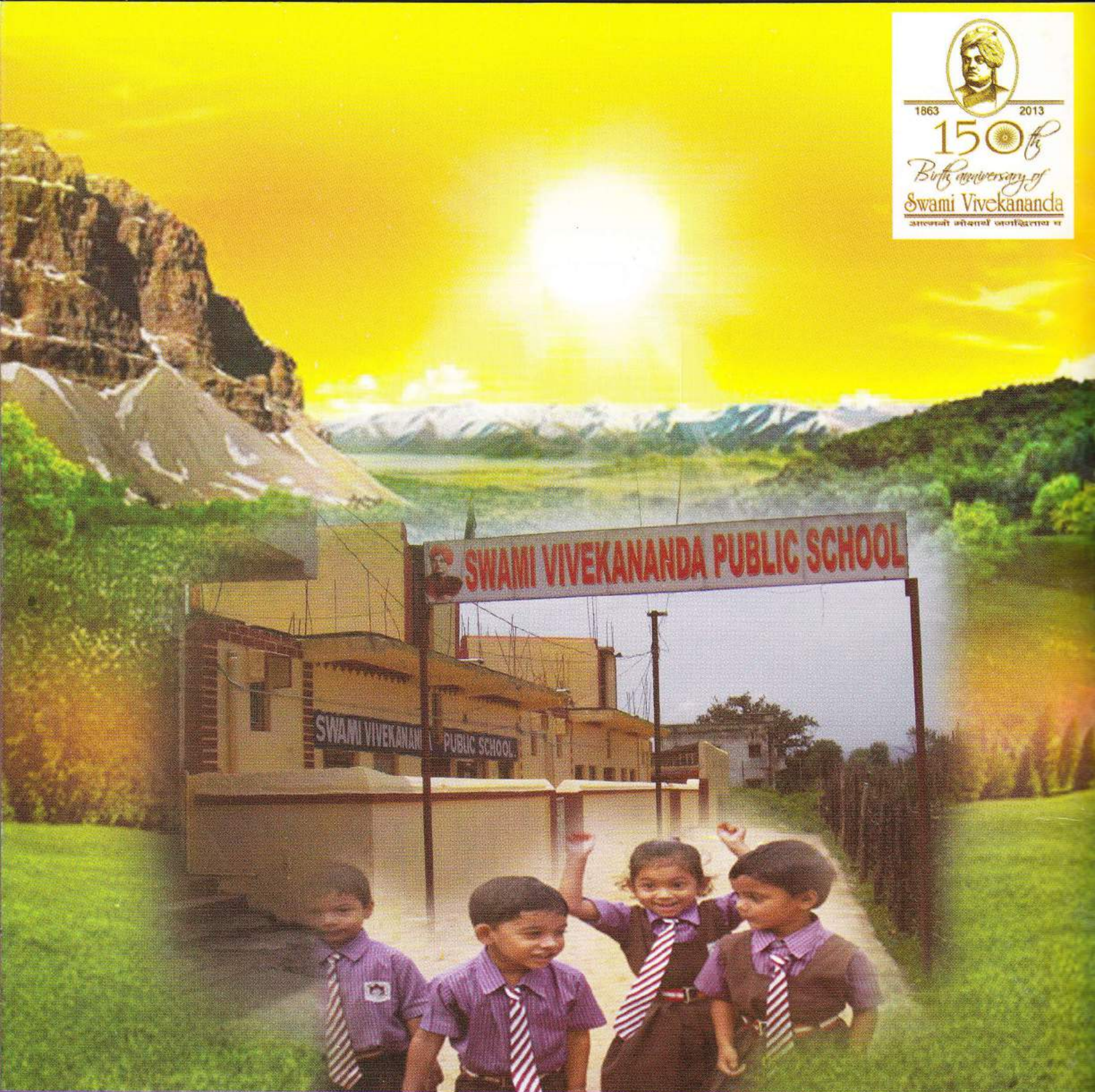
1863

2013

150th

Birth Anniversary of
Swami Vivekananda

आत्मसत्तं सर्वसत्तं अनादिशतमं च



SWAMI VIVEKANANDA PUBLIC SCHOOL

SWAMI VIVEKANANDA PUBLIC SCHOOL



SWAMI VIVEKANANDA PUBLIC SCHOOL

(Owned & Managed By Swami Vivekananda Educational Charitable Social and Spiritual Trust)

(ICSE NEW DELHI CURRICULUM)

Govt. College Road, SVPS Campus

Bhawanipatna-766001, Kalahandi , Odisha

Cell: 0-9438159347, 0-9438159357, 0-9938309557, 0-9938309554, Tel/Fax-06670-232433

email : svps_kalahandi@yahoo.com / Web site- www. svpsparivar.org



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