

Vidyashilp Academy Gifted Education Program

Supported by National Institute of Advanced Studies

STUDENT NAME	GENDER	DATE OF BIRTH _ _ / _ _ / _ _ _ _																					
NAME OF THE SCHOOL		CLASS / STANDARD STUDYING IN 6 th 7 th 8 th																					
FATHER'S NAME	MOBILE NUMBER <table border="1" style="width:100%; height: 20px; border-collapse: collapse;"><tr><td style="width:12.5%;"></td><td style="width:12.5%;"></td><td style="width:12.5%;"></td><td style="width:12.5%;"></td><td style="width:12.5%;"></td><td style="width:12.5%;"></td><td style="width:12.5%;"></td><td style="width:12.5%;"></td><td style="width:12.5%;"></td><td style="width:12.5%;"></td></tr></table>											OCCUPATION	EDUCATION										
MOTHER'S NAME	MOBILE NUMBER <table border="1" style="width:100%; height: 20px; border-collapse: collapse;"><tr><td style="width:12.5%;"></td><td style="width:12.5%;"></td><td style="width:12.5%;"></td><td style="width:12.5%;"></td><td style="width:12.5%;"></td><td style="width:12.5%;"></td><td style="width:12.5%;"></td><td style="width:12.5%;"></td><td style="width:12.5%;"></td><td style="width:12.5%;"></td></tr></table>											OCCUPATION	EDUCATION										
HOME ADDRESS		NIAS OFFICIAL USE. DO NOT FILL.																					
TELEPHONE NUMBER:																							
ACADEMIC PERFORMANCE																							
<table border="1" style="width:100%; border-collapse: collapse; text-align: center;"> <thead> <tr> <th style="width:15%;">YEAR</th> <th style="width:15%;">STD.</th> <th style="width:30%;">MARKS / GRADE / %</th> <th colspan="2">TOP 5 OF CLASS</th> </tr> </thead> <tbody> <tr> <td>2016-17</td> <td></td> <td></td> <td>YES</td> <td>NO</td> </tr> <tr> <td>2015-16</td> <td></td> <td></td> <td>YES</td> <td>NO</td> </tr> <tr> <td>2014-15</td> <td></td> <td></td> <td>YES</td> <td>NO</td> </tr> </tbody> </table>		YEAR	STD.	MARKS / GRADE / %	TOP 5 OF CLASS		2016-17			YES	NO	2015-16			YES	NO	2014-15			YES	NO	MENTION ALL OTHER TALENT AREAS	
YEAR	STD.	MARKS / GRADE / %	TOP 5 OF CLASS																				
2016-17			YES	NO																			
2015-16			YES	NO																			
2014-15			YES	NO																			
SELECT ALL YOUR TALENTS / ABILITIES <input type="checkbox"/> I can draw / paint very well, and I win prizes in this. <input type="checkbox"/> I learn, and participate in music or dance competitions. <input type="checkbox"/> I do very well in math, science or other olympiads. <input type="checkbox"/> My stories and poems are short listed for prizes and publication. <input type="checkbox"/> I like to make science models and participate in science fairs. <input type="checkbox"/> I am very good in craft work.																							
AWARDS WON (Mention the most recent awards, and attach copies of certificates) <table border="1" style="width:100%; border-collapse: collapse;"> <thead> <tr> <th style="width:10%;">YEAR</th> <th style="width:70%;">COMPETITION / EVENT / OLYMPIAD</th> <th style="width:20%;">PRIZE / PLACE</th> </tr> </thead> <tbody> <tr><td> </td><td> </td><td> </td></tr> <tr><td> </td><td> </td><td> </td></tr> <tr><td> </td><td> </td><td> </td></tr> <tr><td> </td><td> </td><td> </td></tr> <tr><td> </td><td> </td><td> </td></tr> </tbody> </table>		YEAR	COMPETITION / EVENT / OLYMPIAD	PRIZE / PLACE																			
YEAR	COMPETITION / EVENT / OLYMPIAD	PRIZE / PLACE																					
NAMES OF TWO TEACHERS WHO ARE RECOMMENDING YOU 1. _____ 2. _____		SCHOOL	SUBJECT																				
(YOU MUST ATTACH THE TWO RECOMMENDATION LETTERS TO THIS APPLICATION FORM)																							

What are the topics you are most interested in? Describe the projects you have done outside of school work or home work.

Explain why you should be selected, and how you plan to use the Gifted Education Program.

We agree to enrol our child in the gifted education program. We understand that this program is in addition to the school work and home work of our child.

DATE:

PARENT'S SIGNATURE