



<input type="checkbox"/> INTER STATE SCHOOL EXCHANGE PROGRAM	OFFICE USE ONLY
SENDING ORGANIZATION: _____	
ASSIGNING ORGANIZATION: _____	
COORDINATOR'S NAME AND MOBILE: _____	
WORK TIME _____ DATES: ___/___/___ to ___/___/___	
APPLICATION RECEIVED DATE: _____ PERMANENT ID: _____	

“PATHSHALA VINIMAYA”
APPLICATION FORM – FOR SCHOOL AUTHORITY
 (Please type or write neatly using black/blue ink and send back to us)

1. GENERAL INFORMATION (CHANGE THE FONT COLOR OF YOUR OPTION)			
FULL NAME:		GENDER (MALE / FEMALE):	
YOUR DESIGNATION:		PERSONAL CONTACT NO.:	
PERMANENT ADDRESS OF SCHOOL:			
POSTAL CODE:	CITY:	STATE:	COUNTRY:
PHONE (COUNTRY/CITY CODE):		E-MAIL:	
ESTABLISHMENT YEAR:		SCHOOL WEBSITE ADDRESS:	
TOTAL NO. OF STUDENTS:		SCHOOL CONSISTS GRADES:	
SCHOOL EDUCATION FOR: Only Boys/Only Girls/Co-Ed			
BOARD OF EDUCATION:		LANGUAGE OF INSTRUCTION:	
HOSTEL FACILITY: YES/NO		IF YES HOW MANY BOYS AND GIRLS CAN ACCOMMODATE:	
START AND END DATE OF PROGRAM (FOR SENDING STUDENTS):			
START AND END DATE OF PROGRAM (FOR RECEIVING STUDENTS):			
HAVE YOU DONE ANY EXCHANGE PROGRAM BEFORE: YES/NO		IF YES PLEASE MENTION DETAIL:	
PROGRAM DATES:		TOTAL NO. OF STUDENTS:	
PARTICIPANT'S STANDARD:		PLACE OF EXCHANGE:	
Nearest Airport Name (Code) and Distance from school (km.):			
Nearest Railway Station Name (Code) and Distance from school (km.):			
WOULD YOU BE WILLING TO TAKE CARE OF EXPENSES OF STUDENT PARTICIPANTS? YES/NO			
WOULD YOU BE WILLING TO EXCHANGE ANY MEDIUM/BOARD OF SCHOOL? YES/NO			
WOULD YOU LIKE TO ASSOCIATE WITH VISHVET IN ANY OF OTHER PROJECTS? YES/NO			

WOULD YOU LIKE TO PROMOTE OUR PROGRAMS IN YOUR CITY SCHOOLS? YES/NO

2. EMERGENCY CONTACT INFORMATION DURING PROGRAM

NAME: _____ DESIGNATION: _____ MOBILE NO. _____

PLEASE MENTION YOUR OFFERINGS TO EXCHANGE STUDENTS (TENTATIVE)

TIME SCHEDULE	ACTIVITIES
DAY 1	
DAY 2	
DAY 3	
DAY 4	
DAY 5	
DAY 6	
DAY 7	

CONDITIONS OF PARTICIPATION

VISHVET FOUNDATION expects that school authority will follow the program rules listed below and read all the conditions of participation in general. School authority has to abide by these conditions by signing below. VISHVET FOUNDATION requires the signature of a responsible designated person in school staff to sign below.

1. VISHVET FOUNDATION has prepared a separate set of rules for student participants. School authority should be aware about those all. Breaking of any law or rule can result in dismissal from the program.
2. Smoking is prohibited for anyone associated during the program.
3. Consumption of alcohol and tobacco products is forbidden during the program.
4. VISHVET FOUNDATION is not offering any medical/travel insurance to participants during the program.
5. School authority has to take care of brief orientation session to student participants.
6. School authority has to be taken care that student participants are the ambassadors of your school so there should be right message to be given to outsiders.
7. VISHVET FOUNDATION does not discriminate against race, nationality, creed, or religion. School authority has to be broad minded to accept exchange student and should be treated with respect.
8. School authority must obey the rules and time schedules strictly.
9. School authority has to be in regular touch with Vishvet coordinator to complete program smoothly.
10. Vishvet Foundation will not be responsible for any mischief, social abuse or other accident during the program.
11. School authority has to confirm about the total number of student participants. They can't replace any other person in case he/she withdraw name at last moment.
12. School authority has to take care of cleanliness and hygiene in campus and home during the program.
13. School authority can't demand for any money or gift from exchange student.
14. School authority can't change the route or force to change in pre decided schedule by Vishvet Foundation.
15. Any demand from participants which is not related to program has to be informed to Vishvet.

16. Exchange school is going to be a focused point in media and other education sector so be systematic and show real picture.
17. Vishvet Foundation doesn't want to involve more than two contact person in a school.
18. Exchange student's family should know about the program and has to be visited once in their home if they are going to host a student.
19. VISHVET FOUNDATION local coordinator will take care of all participants and expect same cooperation from all participants and school authority.
- 20. Pathshala Vinimaya program coordinator from school needs to submit a photocopy of any identity proof and letter issued from school authority. One passport size photograph as well.**
- 21. Program fee and refund Policy:**
Program fee Rs.3000 will not be refunded back in case student withdraws his/her name due to any circumstances.
- 22. Participation fee per student is Rs. 3000 (Approx \$50 USD) School authority can collect the program fee and deposit to Vishvet Account:**
Crossed cheque / DD should be drawn locally in favor of "Vishvet Foundation"

OR pay to:

Beneficiary Name	Vishvet Foundation
Bank Detail	Central Bank of India
	Address: Sears Towers, 11, Patel Society, Gulbai Tekra Road, Ahmedabad - 380006, Gujarat, India
	Account Number: 3155083025
	IFSC Code: CBIN0281629

SIGNATURES OF AGREEMENT

I (**Name and Designation**) , the undersigned, confirm that I have read and agree to abide by the conditions above. There is no reason of pre-existing health condition, emotional or behavioral problems, etc. why I should not be able to approve this program. I also confirm that I have not been convicted of any felony and that falsifying or with holding of any information on the application could result in program dismissal. By signing below, I also authorize VISHVET FOUNDATION and its affiliates to use any photographs accompanying this application or any photographs taken while participating by our students on a VISHVET FOUNDATION program for promotion or publicity.

Signature of Authority: _____ **Designation** _____ **Date** _____