



# CHINMAYA SHISHU VATIKA

"Sandeepany Kailas", Kundanbagh,  
Begumpet, Hyderabad-500 016.



## APPLICATION FORM FOR L.K.G. FOR THE ACADEMIC YEAR-2024-25

Student  
Photo

1. Name of the Child with surname in block letters: \_\_\_\_\_
2. Date of Birth : \_\_\_\_\_
3. Age as on 1st April, 2024 : \_\_\_\_\_
4. Student Aadhaar Number : \_\_\_\_\_
5. Father's Details: Name: \_\_\_\_\_  
Qualification \_\_\_\_\_ Aadhaar Number \_\_\_\_\_  
Occupation \_\_\_\_\_ Annual Income (Approx) \_\_\_\_\_  
Mobile Number \_\_\_\_\_ Email ID \_\_\_\_\_  
Residential Address & Phone No \_\_\_\_\_  
Office Address & Phone No. \_\_\_\_\_
6. Mother's Details: Name: \_\_\_\_\_  
Qualification \_\_\_\_\_ Aadhaar Number \_\_\_\_\_  
Occupation \_\_\_\_\_ Annual Income (Approx) \_\_\_\_\_  
Mobile Number \_\_\_\_\_ Email ID \_\_\_\_\_  
Office Address & Phone No. \_\_\_\_\_
7. Details of Siblings already Studying in Chinmaya Vidyalaya, Begumpet, Hyderabad.  
Name \_\_\_\_\_ studying in Class \_\_\_\_\_ Section \_\_\_\_\_
8. Whether child has attended any Nursery School:  
(a) If Yes, Name of the School :
9. Skills: Kindly write "Yes" or "No" :  
(a) Can Child recognize? :

(i) Objects \_\_\_\_\_ (ii) Colours \_\_\_\_\_ (iii) Pictures \_\_\_\_\_

(b) Speaking ability / Speaks fluently : \_\_\_\_\_

(c) Languages child can understand

(i) Hindi \_\_\_\_\_ (ii) Telugu \_\_\_\_\_ (iii) English \_\_\_\_\_

(iv) Any Other Language \_\_\_\_\_ (d) Can child write English Alphabet? \_\_\_\_\_

10 Mother Tongue : \_\_\_\_\_

11 (a) Has the child been vaccinated against Polio, Diphtheria, Tetanus and any other preventive measures? : \_\_\_\_\_

(b) If so, when was it administered last? : \_\_\_\_\_

(c) Has the child suffered any serious illness requiring hospitalization? If so, please give details. : \_\_\_\_\_

(d) Have you checked the child's weight gain in the last one year? : \_\_\_\_\_

(e) Is the child allergic to any food items or medicines? If so, please give complete details. : \_\_\_\_\_

(f) Does the child suffer from any epilepsy attacks? : \_\_\_\_\_

(g) Have you noticed any loss of hearing? \_\_\_\_\_

(h) Have you checked the eyesight? : \_\_\_\_\_

12 Have you noticed any unusual behaviour of the child, which in your opinion, the teacher must be aware of : \_\_\_\_\_

13 Is the child trained to eat food on his/her own? Is there any special care that we have to take in this regard? (We do not allow parent to contact the Ayaas for special attention to any child). : \_\_\_\_\_

14 Approximate distance from residence to Chinmaya Shishu Vatika : \_\_\_\_\_

We solemnly affirm and sincerely declare that particulars furnished above are correct.

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

Signature of the Parent: \_\_\_\_\_

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**NOTE:** Kindly answer all the above questions carefully and correctly since we would like to take note of any special attention that the child may require.

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# CHINMAYA VIDYALAYA

Affiliated to CBSE, Affiliation No. 3630042  
(Under the Management of : Chinmaya Seva Trust , Hyderabad)  
**SANDEEPANY KAILAS, KUNDANBAGH, BEGUMPET,**  
HYDERABAD – 500 016. Phone : 23418012



## **ACKNOWLEDGEMENT** **(TO BE FILLED BY THE PARENT)**

Date \_\_\_\_\_

Name of the Child : \_\_\_\_\_  
(in block letters)

Date of Birth : \_\_\_\_\_

Father's Name : \_\_\_\_\_

Sibling Name : \_\_\_\_\_ Class \_\_\_\_\_ Section: \_\_\_\_\_

(Presently studying in Chinmaya Vidyalaya and attach progress card of the sibling for the academic year 2024-25)

**Signature of the Parent**

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## **TO BE FILLED BY THE OFFICE**

APPLICATION REGISTRATION No.: \_\_\_\_\_  
(for drawl of Random tokens)

**Signature of the Office Assistant**