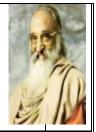
#### Hari Om



## CHINMAYA VIDYALAYA

Affiliated to CBSE, Affiliation No. 3630042

(Under the Management of: Chinmaya Seva Trust, Hyderabad)
SANDEEPANY KAILAS, KUNDANBAGH, BEGUMPET, HYDERABAD - 500 016.
Landline No.: 040 - 23418012, Mobile No. 9676262087



# REQUEST APPLICATION FOR THE ADMISSION AGAINST LIKELY ARISING OF VACANCIES FOR THE ACADEMIC YEAR (A.Y.) 2024-25 (CLASSES I -VIII)

1.	Class in which admission is sought	:	
2.	Name of the Applicant with Surname (in block letters)	:	Place for affixing Photo
3.	Date of Birth: (DD/MM/YYYY)	:	
4.	Father's Name	:	
	Occupation	:	
5.	Address for Communication	:	
	Mobile No.	:	
	Email Id	:	
6.	Name and address of the school studying at Present	:	
7.	Sibling details: (Already studying in C	Chir	nmaya Vidyalaya, Begumpet, Hyderabad)
	a). Name of the sibling	:	
	b). Studying Class/Sec	:	
			SIGNATURE OF THE PARENT

#### **Enclosures:**

- 1. Photocopy of previous school report card (Previous class Term I/II).
- 2. ID Card of the previous school.

#### Note: -

- 1. Admission against likely arising of vacancies.
- 2. The decision of Chinmaya Vidyalaya, Hyderabad shall be final and binding and no queries will be entertained in this regard.
- 3. Duly filled in Request Application can be submitted between 10:00 am and 1:00 pm from 15.03.2024 to 25.03.2024.
- 4. One person will be allowed to submit only one application form.
- 5. No Mask No Entry
- 6. Only the downloaded <u>Request Application</u> from the Vidyalaya website will be considered for the admission process.

### **ACKNOWLEDGEMENT**

(TO BE FILLED IN BY THE PARENT)  $\,$ 

Name of the Child (in block letters)	:									
Father's Name	:									
Sibling Name (if any)	:									
	ard of the sibling for									
		Signature of the Parent								
APPLICATION REGISTR	ATION No.:		Signature of the Office Assistant							
	ACKNOMI EI	ОСЕМЕНТ								
ACKNOWLEDGEMENT  (TO DE ELLIED IN DV THE DADENT)										
'	(TO BE FILLED IN BY THE PARENT)									
			Date	e						
Name of the Child (in block letters)	:									
Father's Name	:									
Sibling Name (if any)	:		Class	Section:						
(Attach progress ca	ard of the sibling for	the academic ye	ear 2023-	-24)						
			Signatur	re of the Parent						
APPLICATION REGISTR	ATION No.:		Signatur	e of the Office A	Assistant					