



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	:	_____	Place for affixing Photo
2. Name of the Applicant with Surname (in block letters)	:	_____ _____	
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 Chinmaya 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 Request Application from the Vidyalaya website will be considered for the admission process.

**ACKNOWLEDGEMENT**

(TO BE FILLED IN BY THE PARENT)

Date \_\_\_\_\_

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

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

Sibling Name (if any) : \_\_\_\_\_ Class \_\_\_\_ Section:\_\_\_\_

(Attach progress card of the sibling for the academic year 2023-24)

Signature of the Parent

APPLICATION REGISTRATION No.:\_\_\_\_\_

Signature of the Office Assistant

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**ACKNOWLEDGEMENT**

(TO BE FILLED IN BY THE PARENT)

Date \_\_\_\_\_

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

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

Sibling Name (if any) : \_\_\_\_\_ Class \_\_\_\_ Section:\_\_\_\_

(Attach progress card of the sibling for the academic year 2023-24)

Signature of the Parent

APPLICATION REGISTRATION No.:\_\_\_\_\_

Signature of the Office Assistant