

CHINMAYA VIDYALAYA

KALARCODE, ALAPPUZHA-3
PAZHAVEEDU, ALAPPUZHA-9

No.B 2005

(Affiliated to the Central Board of Secondary Education, New Delhi, School No. 930086)

APPLICATION FORM

1. Name of Pupil :
(In BLOCK LETTERS, Initials at the end)
:
2. Permanent Address :
3. Name, occupation and address of Father :
:
4. Name, occupation and address of Mother :
:
5. Date of birth - In figures :
- In words :
6. Age on 1st May of the year of admission :
7. Religion :
8. Caste :
9. Sex : Male/female
10. Nationality and the State to which pupil belongs :
11. Mother tongue of the pupil :
12. Telephone/ Contact Number of parent :
13. Annual Income of parents :
14. Standard to which admission is sought :
15. Name, occupation and address of local guardian
& relationship with the pupil :
(In case the pupil does not live with father or mother)
16. Name of any other relative studying in the school : Class in which the student is studying
Mention the relationship
17. Schools previously attended :- :
Name of school Std Recognised Date of Date of Reason
by state/Centre admission leaving
18. No. and date of Transfer Certificate
19. Declaration : I have read the rules and regulations of Chinmaya Vidyalaya and I shall abide by them. I solemnly declare that the above particulars about my son/ daughter are true and correct.

Place :

Date :

Signature of Parent

(P.T.O.)