05-02-2018 12:01 AM

CHINMAYA VIDYALAYA

School with a Difference

Affiliated to CBSE, New Delhi

Affiliation No: 1930100

Virugambakkam Branch

Chinmaya Nagar, Stage II,

Virugambakkam,

Chennai - 600092

Phone: 2479 6802,



APPLICATION FOR ADMISSION KINDERGARTEN

Admn.no:

SI.no:CVV0123/18-19 | S RFN-1517768357 / 04-02-18 11:49:17 PM

(for office use only)

1.Name of the Pupil : V. YASHASWINI

2.Gender : Female

3.Date of birth : 06-09-2014

4.Aadhar No : 671508805575

5.Applying under RTE? : No

6. Parent's Details

(i) Father's

(a).Name : V. VIJAYARAGHAVAN

(b).Educational Qualification : MCA

(c).Occupation/Designation : Sr. Project Lead

(d).Office address : 7, CHANGI BUSINESS PARK CRESCENT, SINGAPORE

486028.

Phone No. : 06567477000

(e).Father's Mobile No. : 9884692968

(f).Father's Aadhar No. : 990168120805

(ii) Mother's

(a).Name : N. LAKSHMI PRABHA

(b). Educational Qualification BSc.

(c).Occupation/Designation HOME MAKER

(d).Office Address N/A.

Phone No. 9884134639

(e).Mobile No. 9884134639

(f).Aadhar No. 645835552278

7.Residential Address PLOT NO. 7, S1 KRISH ENCLAVE, AANI STREET,

VIRUGAMBAKKAM, CHENNAI.

Pincode 600092

Distance from school in Kms 0-1 Km

Landline No Nil

E-mail Id laxprabha22@gmail.com

Alternate E-mail Id vijayaraghavan.varadarajan@gmail.com

8. Total monthly income of the parents 100000

9. Nationality **INDIAN**

10.Religion HINDU

11. Mother Tongue **TAMIL**

12. Does he/she belong to FC or OC/BC/MBC/SC/ST. If so attach certificate attested by the competent authority

FC or OC

Guardian's (in case where parents are not available locally)

Nil (a).Name

(b).Residential Address Nil

Landline No. Nil

Mobile No. Nil

Email Id Nil

Alternate E-Mail Id Nil

Aadhar No Nil

(c).Office Address Nil

13. Name of the pre-school attended KIDS GALAXY, Plot 220, Second Cross Street, Natesan Nagar,

Virugambakkam, Chennai - 600092.

14. Mention Vaccination administered on the child All Vaccinations

cvchennai Virugambakkam Application 15. Physical disabilities, if any No 16. Any serious illness suffered No 17. Any biological sibling studying at the school applied Yes Name and class of sibling V. TEJASWINI, Class: I \'C\' 18. Whether parents are alumni of any of the Chinmaya Vidyalayas, Chennai No Father Alumni Father Branch Name Nil Mother No Alumni Mother Branch Name Nil Please enclose the following (i)Birth Certificate-Attested Photocopy(Original to be produced at the time of verification) (ii)Proof of Residence (Only Ration Card/ Aadhar card) (iii)Community Certificate I hereby certify that the above particulars are correct. Signature of

Date: Parent/Guardian

Note: This application is subject to the terms and conditions stipulated in the prospectus which will be given to you at the time of registration

FOR OFFICE USE ONLY

1)Whether Birth Certificate has been submitted Yes/No

FOR OFFICE USE ONLY

1.Admission Granted 4.Fees Paid 2. Provisional Admission Granted 5.Bank 3.Admit to 6.Date

7.Office Manager

8.Date 9. Principal/Correspondent