

CHINMAYA VIDYALAYA

P-201, VIDYA NAGAR, POST: SARAVALI, BOISAR-401501

Doc. NO. : CVT/MR/12

Rev. No. & Date : 00 / 01. 08.2011

REGISTRATION FORM FOR STD. I TO IX

Registration No

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1] Name of the child : _____

2] Date of Birth : Date

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 Month

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 Year

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3] Name of the parent : _____

4] Address [Office] : _____

Contact Phone No (s) : _____

5] Class in which admission is sought : _____

6] The name of the school in which
the child is presently studying : _____

7] Board of Education : C.B.S.C. / STATE/ I.C.S.E.

Signature of the parent

*** Registration form does not guarantee admission.**