

CHINMAYA BALVIHAR @ Ahmedabad Chinmaya Mission

REGISTRATION FORM

Child: My Name is: _____

I am Boy / Girl of _____ years, born on _____ / _____ / _____

Address: _____

Call Me on _____ Email: _____

I am studying in _____ class of (school) _____

From the Parents:

Father: My Name is _____ DOB _____

I am working at _____

Mobile: _____ Email: _____

Mother: My Name is _____ DOB _____

I am working at _____

Mobile: _____ Email: _____

Our Marriage Anniversary is _____ / _____ / _____

We are happy to send our son/daughter to the "Chinmaya Balavihar" and shall abide by the rules set up by the organisers. We enclose herewith the sum of Rs. 2000/- as donation in Cash / Cheque No. _____ dated _____ drawn on _____ (Bank) in the name of "CHINMAYA SEVA TRUST, AHMEDABAD".

Date:

Father's Signature: _____ Mother's Signature: _____

----- For Office Use: -----

Receipt Number: _____ Date _____ Group: _____