

LAST DATE FOR SUBMISSION OF
APPLICATION

25-07-2020

SL.No. _____

Reg.No. _____

SESSION 2020-21REGISTRATION FOR CLASS

बच्चे का फोटो
(पासपोर्टज साइज़ का)
Photograph of
the child
(Passport size)

1.	NAME OF THE CHILD IN FULL (IN CAPITAL LETTERS)							
	SEX	MALE		FEMALE		THIRD GENDER		
2.	DATE OF BIRTH (IN FIGURES)			DAY	MONTH	YEAR		
	DATE OF BIRTH (IN WORDS)							
	AGE AS ON 31.03.2020			YEARS	MONTHS	DAYS		
3.	BLOOD GROUP OF THE CHILD							
4.	The Category to which child belong							
GEN.	S.C.	S.T.	OBC	EWS	• BPL	DIFFERENTLY ABLED	Single Girl CHILD	
WHETHER THE CHILD BELONGS TO (GEN/SC/ST/OBC/EWS/ BPL/DISABLED/S.G.CHILD, PLEASE ATTACH RELEVANT CERTIFICATE								
1.	DETAILS OF MOTHER / FATHER							
	DETAILS			MOTHER		FATHER		
	i.	NAME (In capital letters)						
	ii.	Nationality						
	iii.	Occupation						
	iv.	Name of Office and Full address with telephone no.						

	v.	Full Residential Address with telephone no. (with proof)		
	vi.	DISTANCE FROM KV (in KMs)*		
	vii.	Basic Pay		
	viii.	No. of transfers **		
	ix.	CATEGORY OF THE PARENT #		
	x.	EMPLOYEE CODE, IF ANY.		

* |DISTANCE OF RESIDENCE FROM VIDYALAYA. UNDERTAKING FROM PARENTS IS ACCEPTABLE FOR DISTANCE. PROOF OF RESIDENCE IS COMPULSORY.

No. of transfers during last 07-years as on 31.03.2020.

(1) / CENTRAL GOVERNMENT (2 / AUTONOMOUS BODIES OF CENTRAL GOVERNMENT (3 / STATE GOVT. (4 / AUTONOMOUS BODIES OF STATE GOVT. (5) अन्य / OTHERS.

I CERTIFY THAT THE ABOVE ENTRIES ARE TRUE TO THE BEST OF MY KNOWLEDGE.

<u>DATE</u>	<u>SIGNATURE OF MOTHER / FATHER / Guardian</u> <u>FULL NAME)</u>
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DOCUMENTS TO BE SUBMITTED AT THE TIME OF REGISTRATION :

1. Date of birth certificate Xerox copy.
2. School Transfer certificate Xerox copy
3. Caste Certificate.
4. Aadhar Card.
5. Residence proof
6. Service Certificate of the parent along with number of transfers during the preceeding '7' years.
7. A certificate of Retirement for uniformed defence employees.
8. Self Declaration form.
9. Blood group certificate.
10. ' 2' passport size photos.

सेवा प्रमाणपत्र / Service Certificate

(केन्द्रीय सरकार / Central Govt.)

प्रमाणित है कि श्री / श्रीमती कार्यालय / मंत्रालय में नियमित कर्मचारी के रूप में कार्यरत हैं। वे रक्षा सेवा / केन्द्रीय रिजर्व पुलिस बल / सीमा सुरक्षा बल / एन.एस.जी. / एस.पी.जी / सी.आई.एस.एफ. / केन्द्रीय सरकार स्वायत्त संस्था अथवा सार्वजनिक क्षेत्र के उपक्रम, जो पूर्ण या आंशिक रूप से केंद्र सरकार से वित्त-पोषित हैं, के नियमित कर्मचारी हैं तथा उनकी सेवा अस्थानांतरणीय है / पूर्ण भारत में कहीं भी स्थानांतरणीय है।

Certified that Shri/Smt. is working as regular employee in the Office / Ministry of He/She is an employee of Defence Service / CRPF / BSF / NSG / SPG / CISF / Central Govt. / Autonomous Body / Public Sector Undertaking fully financed / partially finance by the Central Govt. and his / her services are non-transferable / transferable anywhere in India.

कार्यालय अध्यक्ष के हस्ताक्षर
(नाम, पद और कार्यालय की मोहर सहित)
Signature of head of the Office
(With Name, Designation and Office Stamp)

स्थान/Place.....

दिनांक/Date.....

कार्यालय का पूर्ण पता और दूरभाष संख्या/ Complete address and Telephone No. of office

.....

Service Certificate

(राज्य सरकार / State Govt.)

प्रमाणित है कि श्री / श्रीमती कार्यालय / मंत्रालय में
नियमित कर्मचारी के रूप में कार्यरत हैं तथा उनकी सेवा अस्थानांतरणीय है / पूर्ण राज्य में कहीं भी
स्थानांतरणीय है।

Certified that Shri/Smt. is working in
the Office / Ministry of and his / her services are
non-transferable / transferable anywhere in State.

कार्यालय अध्यक्ष के हस्ताक्षर
(नाम, पद और कार्यालय की मोहर सहित)
Signature of head of the Office
(With Name, Designation and Office Stamp)

स्थान/Place.....

दिनांक/Date.....

कार्यालय का पूर्ण पता और दूरभाष संख्या/ Complete address and Telephone No. of office

.....

स्थानांतरण संख्या प्रमाण पत्र / CERTIFICATE OF NUMBER OF TRANSFERS

मैं, नाम (रैंक / पदनाम) (कार्यालय), एतद द्वारा प्रमाणित करता / करती हूँ पिछले सात साल (31/3/2019) में एक स्थान से दूसरे स्थान पर मेरे (अंकों व शब्दों में) स्थानांतरण हुए जिनका विवरण नीचे दिया गया है।

I, (Name) (rank/designation) of (office), do hereby certify that during the past 7 years (up to 31.03.2019) I have been transferred Times (in figures & in words) from one station to another, the details of which are given as under:-

स्थान से / Office /Unit and Place	अवधि दिनांक से / Date of joining the Office/Unit	अवधि दिनांक तक / Date of release from the Office/Unit	ठहरने की अवधि / Period of Stay (in months)	स्थान तक / Transferred Office / Unit and Place	दूरी (किमी)/ Distance between the two Office (in km)	स्थानांतरण आदेश संख्या / Transfer Order No.

मैं जनता /जानती हूँ कि यदि उपरोक्त तथ्य गलत पाए गए तो मेरा बच्चा केंद्रीय विद्यालय में प्रवेश के लिए अयोग्य हो जायेगा।

I know that if the above mentioned facts are found incorrect, my child will be disqualified for admission in Kendriya Vidyalaya.

स्थान/ Place
दिनांक/ Date

माता /पिता के हस्ताक्षर
Signature of Parent

प्रतिहस्ताक्षर / Countersignature

में, नाम (रैंक / पदनाम) (कार्यालय), एतद द्वारा प्रमाणित करता / करती हूँ कि उपरोक्त विषय विवरण को कार्यालय-आलेखों से जांच लिया गया है व सही पाया गया है।

I, (Name).....(rank/designation) of (unit/ department) hereby certify that the particulars given in above have been authenticated by the records held in the office and found correct.

स्थान/ Place
दिनांक/ Date

सक्षम अधिकारी के हस्ताक्षर
(नाम, पद और कार्यालय की मोहर सहित)
Signature of Competent Authority
(with Name, Designation and Office Stamp)

कार्यालय का पूर्ण पता एवं दूरभाष संख्या
Complete Address and Telephone No. of Office

टिप्पणी / Note :

एक स्थान पर ठहरने की अवधि कम से कम छह मास होनी चाहिए।

1. Minimum period of posting / stay at a place should be minimum six months.

DIED IN HARNESS CERTIFICATE

प्रमाणित किया जाता है कि कुमार / कुमारी..... स्वर्गीय श्री /
श्रीमती के पुत्र /पुत्री हैं जो
..... (कार्यालय / विभाग) में नियमित रूप से सेवारत थे / थीं और उनका
देहावसान सेवाकाल की अवधि में दिनांकको हो गया था।

Certified that Master/Miss Is the
son.daughter of Late Sr./Smt. Who was
regular employee of (Office/Department) and
he/she died in harness (while in service) on(date).

कार्यालय अध्यक्ष के हस्ताक्षर
(नाम, पद और कार्यालय की मोहर सहित)
Signature oh Head of the Office
(With Name, Designation and Office Stamp)

स्थान/Place.....

दिनांक/Date.....

कार्यालय का पूर्ण पता औरदूरभाष संख्या/ Complete address and Telephone No. of office
.....

Self Declaration for distance between school and residence

I father/Mother of
bearing Enrollment No. Declare that the radial
distance between school and our residence iskm.

Date:.....

Signature of the parent

ANNEXURE – I

Self-Declaration Format

I _____, Father/Mother of Master/Miss _____
age _____ years, resident of _____ (complete address), do hereby
declare that the information given in admission form of the admission in Kendriya Vidyalaya,
_____ and in the enclosed documents is true to the best of my knowledge and belief and
nothing has been concealed therein. I am well aware of the fact that if the information given by me is
proved false / not true at any point of time, admission will be cancelled and I will be liable to legal actions as
per guidelines of KVS and any benefit accrued by me or my ward shall be summarily cancelled.

Date:-

Place:

Signature of the Parent/Guardian