



केन्द्रीय विद्यालय संगठन  
Kendriya Vidyalaya Sangathan

REG. NO.

क्रम सं०/S.No.

वर्ष / Year 2020-21

Photograph of the child

(Recent Passport size)

पंजीकरण के लिए कक्षा / Registration for class.....  
(Put tick mark in appropriate box)

Ist Shift

प्रथम पाली

OR

IInd Shift

द्वितीय पाली

1. विद्यार्थी का पूरा नाम

Name of child in full (in Capital letters).....Sex

M

F

Day

Month

Year

2. जन्म तिथि (अंका में)

Date of Birth शब्दों में / In words.....

आयु 31-3-2020 तक

वर्ष / years

मास / Months

दिन / Days

Age as on 31.3.2020

3. Blood Group of the child/ बच्चे का रक्त समूह

4. The category to which child belong/ छात्र की श्रेणी

Gen. Cat

SC

ST

OBC

EWS

BPL

Disabled

SG Child

5. क्या अनुसूचित जाति / जनजाति / ओ बी सी से / आर्थिक रूप से कमजोर / बी पी एल / विकलांग / इकलौती कन्या यदि हां तो प्रमाण -पत्र संलग्न करें। Whether the child belongs to Gen./SC/ST/OBC/EWS/BPL/Disabled/S.G.) Category, Please Attach relevant attested certificate.

6. माता-पिता का ब्यौरा / Details of Mother/ Father

	माता / Mother	पिता / Father
(i) नाम / Name (in Capital letters) .....		
(ii) राष्ट्रियता / Nationality .....		
(iii) व्यवसाय / Occupation .....		
(iv) कार्यालय का नाम, पूरा पता व दूरभाष Name of Office and full address with Telephone numbers .....		
(v) पूर्ण आवासीय पता व दूरभाष Full residential address with Telephone numbers(with proof) .....		
(vi) विद्यालय से दूरी / Distance from KV(In Km ).....		
(vii) स्थाई पता / Permanent Address .....		
(viii) मूल वेतन / Basic Pay & Grade Pay .....		
(ix) 31-3-2013 तक सेवाकाल के दौरान 7 वर्षों में थानान्तरणों की संख्या No.of transfers during 7 years as on 31-3-2013 of the year .....		
(x) श्रेणी रक्षा / केन्द्रीय कर्मी / स्वायत्तशासी व अन्य Category to which the Parent belong to Defense /Central Govt./Autonomous body & others (Mention specifically) .....		

मैं एतद् द्वारा यह प्रमाणित करता हूँ कि उपर्युक्त प्रविष्टियां मेरी जानकारी में सत्य हैं।  
I certify that the above entries are true to the best of my knowledge.

माता पिता के हस्ताक्षर / Signature of Parent

पूरा नाम / Full Name.....

तिथि / Date: .....

**Note:** 1. Proof of residence shall have to be produced by all applicants.

2. A self-declaration from the parent for distance may also be accepted by furnishing an undertaking to this effect.

**सेवा प्रमाण-पत्र /SERVICE CERTIFICATE ( Strike off which is not applicable )**

**( for Central Govt.)**

प्रमाणित किया जाता है कि श्री/श्रीमती.....कार्यालय/मंत्रालय 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 स्वायित संस्था/सार्वजनिक क्षेत्र के उपक्रम के/की कर्मचारी हैं जिनका पूर्ण वित्त प्रबंध केन्द्रीय स्थानांतरणीय हैं। Certified that Shri/Smt.....is working 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 financed by Central Govt. and his/her services are transferable anywhere in India.

**सेवा प्रमाण पत्र /SERVICE CERTIFICATE**

**( for State Govt )**

प्रमाणित किया जाता है कि श्री/श्रीमती.....कार्यालय/मंत्रालय में कार्यरत हैं। ..... वह राज्य मे कहीं भी हस्तांतरणीय राज्य सरकार के एक कर्मचारी है. Certified that Shri/Smt..... Is working in the office/Ministry of ..... He/ She is an employee of State Government transferable anywhere in the state.

स्थान एवं दिनांक

कार्यालय अध्यक्ष का नाम, पद और हस्ताक्षर (कार्यालय की मोहर सहित)

**Name in block letters and design. of the head of office with stamp**

**Address - .....**

दूरभाष :

**Telephone No.....**

प्रमाणित किया जाता है किया जाता है कि.....स्वर्गीय श्री/श्रीमती.....के पुत्र/पुत्री हैं जो.....में सेवारत थे और उनका देहावसान सेवालकाल के दौरान दिनांक.....को हो गया था। यह भी प्रमाणित किया जाता है कि श्री/श्रीमती.....जो.....के माता-पिता हैं, उनके वर्तमान वर्ष की 31<sup>st</sup> मार्च से सात वर्षों के दौरान.....स्थानांतरण हुए हैं। एकक/कार्यालय और ऐसी तैनातियों की अवधि का ब्यौरा नीचे दिया गया है, जिसके कारण स्थान बदलना पड़ता है। Certified that Master/Km.....is the son/daughter of late Sh./Smt.....who was employed in the Office/Ministry/Defense service. He/she had died in harness on the..... . It is further certified that.....(Particulars of son/daughter..... has/had .....(No. of posting) transfers during the preceding last seven years from 31<sup>st</sup> March of the current year. The Unit Office & the duration of such postings involving change of station are given below:-

क्र.सं. S.No.	पदनाम Designation	स्थान Place of Posting	ठहरने की अवधि/Period of stay		आदेश संख्या Order No.
			से From	तक To	
1.					
2.					
3.					
4.					
5.					
6.					
7.					

स्थान एवं दिनांक  
Station with date

कार्यालय अध्यक्ष का नाम, पद और हस्ताक्षर (कार्यालय की मोहर सहित)  
Sign. & Name in block letters and design. of the head of office with stamp

Address - .....

दूरभाष : ..... Telephone No.....

टिप्पणी : रक्षा संस्थानों में काम करने वाले कर्मचारियों के मामले में सेवा प्रमाण पत्र पर कमान अधिकारी के हस्ताक्षर अपेक्षित है। Note : The service Certificate should be signed by the officer commanding in case of employees working in defense establishment.

**CERTIFICATE FROM PRIORITY - 1\* CANDIDATES FOR ADMISSION  
IN CLASS I, IN KENDRIYA VIDYALAYAS**

I, (Smt./Shri) \_\_\_\_\_ (Name) \_\_\_\_\_  
\_\_\_\_\_(rank/designation)of \_\_\_\_\_(unit/ship/Deptt). do hereby certify that during the past 7 years I have been transferred \_\_\_\_\_times (in figures & in words) from one station to another, the details of which are given as under :-

S.No.	Formation/Unit/ epot/Office	Whether move with family	Place	Period		Total Period stay	Authority of move
				From	To		

I further certify that in case the above-mentioned facts are found incorrect, my child will be disqualified for admission to Kendriya Vidyalaya.

PLACE:

SIGNATURE OF PARENT

DATE:

**PLEASE REFER PRIORITIES PRESCRIBED IN ADMISSION GUIDELINES.**

**COUNTERSIGNED**

**(Countersigned by Commanding Officer / controlling Officer of the Rank of Colonel OR Equivalent)**

I, Sh. ....rank/designation.....name.....  
.....unit/ship/department.....hereby certify that the particulars given in para 1 have been authenticated by the records held in the office and found to be correct.

Place:

Date:

(SIGNATURE OF THE CO/OC UNIT/CONTROLLING OFFICER)

ADDRESS) \_\_\_\_\_

1. Minimum period of posting/stay at a place should be six months.
2. Form to be signed by an officer not below the level of Colonel or equivalent in Navy/Air Force/Para-Military Forces.
3. In case the CO is below the rank of Colonel, the form be signed signed by the Station Commander/Colonel/Colonel in a station.