

Father Mobile No: _____ Mother/ Alternate Mobile No : _____

Email ID: _____ Complete Postal Address: _____



Kendriya Vidyalaya Sangathan

S.No.

SESSION 2022-23

REG. NO.

Registration for class..... (Put tick mark in appropriate box)

Ist Shift

OR

IInd Shift

Photograph of the child
(Passport size)

1- Name of child in full (in Capital letters).....Sex M F
Day Month Year

2- Date of Birth
In words.....

Age as on 31.03.2022 Years Months Days

3. Blood Group of the child

4. Do you belong to Gen./SC/ST/OBC/EWS/BPL/Disabled/S.G. Child? Yes No If yes, attach relevant certificate

Gen. Cat SC ST OBC EWS BPL Disabled SG Child

5. Details of Mother/ Father

Mother

Father

- | | Mother | Father |
|---|--------|--------|
| (i) Name (in Capital letters)..... | | |
| (ii) Nationality | | |
| (iii) Occupation | | |
| (iv) Name of Office and full address with telephone numbers | | |
| (v) Full residential address with telephone numbers (with proof) | | |
| (vi) Distance from KV* | | |
| (vii) Permanent Address | | |
| (viii) Basic Pay | | |
| (ix) No. of transfers during 7 years as on 31-3-2018 of the year | | |
| (x) Category to which the Parent belong to Defence/Central Govt./Autonomous body & others | | |

I certify that the above entries are true to the best of my knowledge.

Signature of Parent
Full Name.....

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.

*3 during the verification of documents if anything found incorrect, admission of your ward will be cancelled.

5. माता-पिता का विवरण/Details of Mother/ Father -

क्र. स.		माता/ Mother	पिता/Father
(i)	नाम (स्पष्ट शब्दों में)/Name (in Capital letters)		
(ii)	राष्ट्रियता/Nationality		
(iii)	व्यवसाय/Occupation		
(iv)	कार्यालय का नाम, पूरा पता व दूरभाष Name of Office and full address and Telephone number.		
(v)	पूर्ण आवासीय पता व दूरभाष (प्रमाण सहित) Full residential address and Tel. no. (with proof)		
(vi)	विद्यालय से दूरी (कि.मी.में)/ Distance from KV (in km) *		
(vii)	मूल वेतन/Basic Pay		
(viii)	स्थानांतरणों की संख्या No. of Transfers **		
(ix)	माता-पिता की श्रेणी Category of the Parent #		
(x)	कर्मचारी कोड (यदि है तो)Employee Code (if any)		

* विद्यालय से आवास की दूरी दूरी के लिए माता-पिता/अभिभावक का शपथ-पत्र मान्य है। आवास प्रमाण-पत्र देना आवश्यक है।
Distance of Residence from Vidyalaya. Undertaking from parents is acceptable for distance. Proof of Residence is compulsory.

** 31.03.2015 तक पिछले सात वर्ष में स्थानांतरणों की संख्या/ No. of transfers during last 7 years as on 31.3.2015.

1. केन्द्रीय सरकार/Central Govt 2. केन्द्रीय सरकार के स्वायत्त संस्थान/Autonomous bodies of Central Govt. 3. राज्य सरकार/ State Govt 4. राज्य सरकार के स्वायत्त संस्थान/Autonomous bodies of State Govt. 5. अन्य/Others

मैं एतद द्वारा यह प्रमाणित करता/करती हूँ कि उपर्युक्त प्रविष्टियाँ मेरी जानकारी में सत्य हैं।

I certify that the above entries are true to the best of my knowledge.

माता/पिता/अभिभावक के हस्ताक्षर
Signature of Mother/Father/Guardian

दिनांक/ Date:

पूरा नाम/Full Name.....2021-22.....

क्र. स./S. No.

पावती/Acknowledgement

सत्र/Session – 2015-16

पंजीकरण संख्या/Registration No.

श्री/श्रीमतीसे उनके पुत्र/पुत्रीका कक्षामें प्रवेश हेतु पंजीकरण के लिए आवेदन प्राप्त किया।

Received an application from Shri/Smt..... for registration of her/ his son/ daughter.....for admission to class.....

प्राचार्य/ Principal

तिथि/ Date.....

केन्द्रीय विद्यालय (मोहर) Kendriya Vidyalaya (Stamp)

9Hf°t-INSERVICE CERTIFICATE

Certified that Shri/Smt..... is working as regular employee in the office/Ministry of He/She is a regular employee of Defence
SmDMCRPFmsWNSOsPBCmFmxwl couy*moxmow 8oAeuMk Show umannng ñill
finauced/pnrtiA)ly finst-ed by Cataal Govk aod his/t<z soxicz are -trasfctablñzoofozbfç anywhere in
India

स्थान/Place

दिनांक/Date _____

Signature of Head of the Office

{¥i}h flame. Dmij;iufion and Office Stamp

complete and Telephone In. of office _____

सेवा प्रमाण-पत्र/SERVICE CERTIFICATE

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

स्थान/Place _____

दिनांक/Date _____

Signature of Head of the Office

(With Name, Designation and Office Stamp)

Complete address and Telephone No. of office _____