



केन्द्रीय विद्यालय _____, सभागा _____

Kendriya Vidyalaya _____, Region _____

पंजीकरण प्रपत्र/Registration Form

Paste latest
Photograph of
Child

Class : Reg. No. :

1. विद्यार्थी का पूरा नाम (स्पष्ट शब्दों में)

Name of the Child in full (in Capital letters):

लिंग / Sex : पुरुष / Male स्त्री / Female तृतीय लिंग / Third Gender

2. जन्म तिथि (अंकों में) / Date of Birth (in figure) :

दिन / Day

मास / Month

वर्ष / Year

शब्दों में / In words :

3. 31.03.2021 तक आयु/ Age as on 31.03.2021

वर्ष / Year

मास / Month

दिन / Day

4. बच्चे का रक्त समूह (Rh फैक्टर सहित) / Blood Group of the Child (With Rh Factor) :

5. बच्चे की सम्बंधित श्रेणी

General

SC

ST

OBC-CL

OBC-NCL

EWS

BPL

Diff. Abled

SG Child

Category to which child belong:

(Attach
Certificate*)

6. आधार कार्ड नंबर/Aadhar Card Number:.....

7. माता पिता का विवरण/Details of Mother& Father:

क्र.सं. S.No.		माता/Mother	पिता / Father
(i)	नाम (स्पष्ट शब्दों में)/ Name (In Capital Letter)		
(ii)	राष्ट्रीयता (Nationality)		
(iii)	व्यवसाय (Occupation)		
(iv)	कार्यालय का नाम, पूरा पता व दूरभाष / Name of the Office, Full Address & Telephone Number.		
(v)	पूर्ण आवासीय पता व दूरभाष (प्रमाण सहित)/ Full Residential Address & Telephone No. (With Proof)		
(vi)	विद्यालय से दूरी (कि.मी. में)/Distance from KV in KM.		
(vii)	मूल वेतन / Basic Pay		
(viii)	पिछले 7 वर्षों में स्थानान्तरण की संख्या/ No of Transfers in last 7 years (As on 31.03.2021)		
(ix)	माता-पिता की सेवा श्रेणी/ Service Category of Parent		
(x)	कर्मचारी कोड (यदि है तो) / Emp. Code (If Any)		
(xi)	E-Mail Id:		

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

दिनांक/Date:

अभिभावक के हस्ताक्षर/Signature of Guardian

सेवा प्रमाण-पत्र/SERVICE CERTIFICATE

(केन्द्रीय सरकार/Central Govt.)

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

Certified that Shri/Smt.....Designation.....is working as regular employee
in the office/Ministry of He/She is a regular employee of Defence Service /ITBP/
CRPF/BSF/NSG/SPG/CISF/SSB/Assam Rifles/Central Govt./Autonomous Body/Public Sector
Undertaking fully financed /partially financed by 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 एवं दूरभाष संख्या _____

Complete address and Telephone No. of office _____

सेवा प्रमाण-पत्र/SERVICE CERTIFICATE

(राज्य-सरकार/State Govt.)

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

Certified that Shri/Smt..... is permanently 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 एवं 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 (31.03.2021 तक) मैं एक स्थान से दूसरे स्थान पर मेरे

_____ (अंको 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 31.03.2021) I have been transferred _____
times (in figures & in words) from one station to another, the details of which are given as under :-

क्र. स. S. No.	कार्यालय/ यूनिट Office/Unit	स्थान Place	रैंक/पदनाम Rank/Designation	दिनांक/Date		ठहरने की अवधि Period of stay	आदेश संख्या Order No.
				से/ From	तक/To		
1.							
2.							
3.							
4.							
5.							
6.							
7.							

मैं जानता/जानती हूँ कि यदि उपरोक्त तथ्य गलत पाए गए तो मेरा बच्चा केन्द्रीय विद्यालय में प्रवेश के लिए अयोग्य हो जाएगा। I know that if the above-mentioned facts are found incorrect, my child will be disqualified for admission in Kendriya Vidyalaya.

माता/पिता के हस्ताक्षर
Signature of Parent

प्रतिहस्ताक्षर/Countersignature

मैं, _____ (नाम) _____ (रैंक/पदनाम) _____
(कार्यालय), एतद द्वारा प्रमाणित करता हूँ कि उपरोक्त विवरण को कार्यालय-आलेखों से जाँच 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 _____

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

कार्यालय का पूर्ण पता एवं दूरभाष संख्या _____
Complete address and Telephone No. of office _____

टिपण्णी/Note-

एक स्थान पर ठहरने की अवधि कम से कम छह मास होनी चाहिए।
Period of posting/stay at a place should be minimum six months.

सेवा-कालीन मृत्यु प्रमाण-पत्र / DIED IN HARNESS CERTIFICATE
(केवल केन्द्रीय सरकार के कर्मचारियों के लिए/Only for Central Govt. Employees)

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
दिनांक -----को हो गया था।

Certified that Master/Miss _____ is the son/daughter of Late Sh./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 of Head of the Office
(With Name, Designation and Office Stamp)

स्थान/Place _____
दिनांक/Date _____

कार्यालय का पूर्ण पता एवं दूरभाष संख्या _____
Complete address and Telephone No. of office _____

CERTIFICATE FROM THE EMPLOYER

(Regarding Status of Employment & identification of Admission Category in KVS)

I Sri/Smt./Ms. _____ (Name of the Employer) ,
designation _____ working in the office of
_____ department of _____ , government of
_____ do hereby certify the following in respect of Sri/Smt./Ms.
_____ (Name of the Employee) whose son/daughter
_____ (Name of the Child) is seeking admission in Kendriya
Vidyalaya _____

01	Name of the Child for whom admission is sought (in Block Letters)	
02	Class in which admission is sought	
03	Full name of the employee (in Block Letters)	
04	Designation of the employee	
05	Employee Code / Employee Identity No.	
06	Name of the office where the employee is presently posted	
07	Status of Employment (Whether Permanent/ Regular/ Temporary/Contractual/ Part Time/ Adhoc/Daily Wage Basis/Casual -To be written clearly)	
08	This office/organization is Central Government/Central Government Autonomous body/PSU fully or partially financed by Govt. of India/State Government/ Sate Government Autonomous Body/ PSU fully or partially finance by the state govt. (To be written clearly)	
09	Whether the employee is to be considered as an employee of Central Government/ <i>Central Government Autonomous body</i> /PSU fully or partially financed by Govt. of India/State Government/ Sate Government Autonomous Body/ PSU fully or partially finance by the state govt. (Any one of the above to be written clearly)	
10	Please write any one of the following which is applicable i.r.o. the child for whom admission is sought 1. Children of transferable and non-transferable Central government employees and children of ex- servicemen. This will also include children of Foreign National officials, who come on deputation or transfer to India on invitation by Govt. of India. 2. Children of transferable and non-transferable employees of Autonomous Bodies / Public Sector Undertaking/Institute of Higher Learning of the Government of India. 3. Children of transferable and non-transferable State Government employees. 4. Children of transferable and non-transferable employees of Autonomous Bodies/ Public Sector Undertakings/Institute of Higher Learning of the State Governments. 5. Children from any other category	
11	Recent Pay/Salary of the Employee with proper Split up	(i) Pay Level : _____ (ii) Pay : _____ (iii) DA : _____ (iv) HRA : _____ (v) Any Other _____ (vi) Any Other : _____ (vii) Total :
12	Whether the employee is drawing the consolidated pay	YES / NO

Place: _____

Date: _____

Signature of the Certifying Authority with Seal

Complete Address of the Office:

Telephone Number: _____

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 deemed cancelled and I will
be liable to Punishment as per guidelines of KVS and the benefit accrued to me or my ward shall be
summarily cancelled.

Date:

Place:

Signature of the Parents / Guardian

