
 <p>तत् त्वं पूषन् अपावृणु केन्द्रीय विद्यालय संगठन</p>	<p>केन्द्रीय विद्यालय.2, सम्बलपुर KENDRIYA VIDYALAYA NO 2, SAMBALPUR (Under Ministry of Education, Govt. of India) बुर्ला, संबलपुर – ७६८०१७ At/Post: Burla, Sambalpur-768017 Ph No.: 0663-2960438</p>	 
	<p>E-mail: kvsambalpur2@gmail.com CBSE Affiliation No.: 1500057 School Code : 19252</p>	<p>Website: https://no2sambalpur.kvs.ac.in KV Code : 2315 Station Code : 804</p>

Notice / 28.09.2022

Registration for Admission to **BALVATIKA** Session 2022-23

- Kendriya Vidyalaya No.2 Sambalpur, Burla announces introduction of **BALVATIKA** w.e.f the session **2022-23**.
- Fresh Admission to these **BALVATIKA** classes shall be done as per the priority and reservations given in the revised KVS Admission guidelines 2022-23 as per the following age groups.

CLASS	AGE (AS ON 31 ST MARCH 2022)
➤ BALVATIKA-I	➤ <i>ATTAINED 3 YERS BUT NOT COMPLETED 4 YEARS</i>
➤ BALVATIKA-II	➤ <i>ATTAINED 4 YERS BUT NOT COMPLETED 5 YEARS</i>
➤ BALVATIKA-III	➤ <i>ATTAINED 5 YERS BUT NOT COMPLETED 6 YEARS</i>

- NOTE 1: Reservations under the provisions of RTE Act-2009 shall be applicable at the entry level only, viz., BALVATIKA-I
- NOTE 2: Provisions for admission for single girl child category shall not be applicable to these classes.

Hence REGISTRATIONS are invited for admission to **BALVATIKA-I, BALVATIKA-II, BALVATIKA-III** for the session 2022-23. The schedule for registration and admission is as follows.

S.NO	CONTENT	SCHEDULED DATES	TIMING
1	REGISTRATION FORMS DISTRIBUTION	29.09.2022 (THURSDAY) TO 10.10.2022 (MONDAY)	08 AM TO 01 PM (At Security Guard Room)
2	REGISTRATION FORM SUBMISSION	29.09.2022 (THURSDAY) TO 10.10.2022 (MONDAY)	10 AM TO 01 PM (In Admission Room)




I. Registration form will be available on the school's website: <https://no2sambalpur.kvs.ac.in> as well as at the school's security guard room w.e.f. 29.09.2022.

II. Desirous Parents are required to submit the filled -in Application form along with the below mentioned documents in the school within the scheduled dates.

DOCUMENTS REQUIRED:

PHOTO COPIES of the following DOCUMENTS need to be submitted **along with the filled-in REGISTRATION FORM:**

1. Certificate of proof of age in the form of a birth certificate (issued by the authority competent to register births).
2. **Blood group** certificate of the child.
3. **Aadhar Card** of the child (If any).

 <p>तत् त्वं पूषन् अपावृणु केन्द्रीय विद्यालय संगठन</p>	<p>केन्द्रीय विद्यालय.2, सम्बलपुर KENDRIYA VIDYALAYA NO 2, SAMBALPUR (Under Ministry of Education, Govt. of India) बुर्ला, सम्बलपुर – ७६८०१७ At/Post: Burla, Sambalpur-768017 Ph No.: 0663-2960438</p>	  <p>आज़ादी का अमृत महोत्सव</p>
<p>E-mail: kvsambalpur2@gmail.com Website: https://no2sambalpur.kvs.ac.in CBSE Affiliation No.: 1500057 School Code : 19252 KV Code : 2315 Station Code : 804</p>		

4. Two passport size coloured photographs of the child.
5. Parent's **Certificate from the employer**, Service certificates & latest Pay slip to be submitted in original. (Please download the Proforma of **certificate from the employer**, service certificate - for government employees only)
6. Parent's Transfer details to be submitted in original in the proforma available in the registration form.
7. Address Proof & ID proof of the parent.
8. Distance Declaration by the parent.
9. A certificate that the child belongs to the Scheduled Caste/Scheduled Tribe/EWS/OBC (Non-Creamy Layer)/BPL/Differently abled, wherever applicable, issued by the competent authority. (If the child is not having the caste certificate in his/her name, then the certificate in the name of the parent will be considered. However, they will be required to submit the caste certificate in the name of the child within three months of the child's admission.) OBC (Non-Creamy Layer) certificate should have been issued within the last three years i.e. on or after 01.04.2019
10. A certificate of retirement for uniformed Defence employees.
11. Reimbursement Form (for service CAT I & II only)
12. Self-Declaration by the parent

NOTE:

1. Original documents like Birth Certificate, ID cards, Caste Certificate and Aadhar Cards need to be produced for verification only and will be returned after verification.
2. OBC (Non-creamy layer) certificates should have been issued *on or after* **01.04.2019**

The Application forms so received will be processed by the Vidyalaya as per **REVISED KVS Admission guidelines 2022-23** and the list of Provisionally selected candidates will be uploaded on the school's website. The date of Declaration of result will be notified later.

Parents/Guardians can contact the Admission Help Desk for any queries related to admission.

PRINCIPAL



केन्द्रीय विद्यालय, नं. 2 संबलपुर (ओड़िशा)
KENDRIYA VIDYALAYA, NO.2 SAMBALPUR (ODISHA)

कार्यालय के लिए/
For Office Use

क्रम सं. /
Sl. No.

पंजीकरण क्रमांक
/ Registration No.

वर्ग / Category

पंजीकरण के लिए कक्षा / Registration for Class _____ Year _____

REGISTRATION FORM

Attach the Recent
Passport Size
Photo of the Child

N.B. : I. Incomplete registration form and wrong information will lead to rejection.

बच्चे कि जानकारी / Details of Child

1. पहला नाम /First Name मिडिल नाम /Middle Name अंतिम नाम /उपनाम /Last Name/Surname

2. लिंग / Gender : M F Trans G

3. बच्चे की संबन्धित श्रेणी / The category to which child belongs

सामान्य अनु. जाति अनु. जनजाती ओ.बी.सी. आर्थिक कमजोर बी.पि.एल. विकलांग इकलौती कन्या
General SC ST OBC EWS BPL Diff. Abled SG Child

यदि बच्चा अनुसूचित जाति / अनुसूचित जनजाती / ओ.बी.सी. (अन्य पिछड़े वर्ग) / आर्थिक रूप से कमजोर / बी.पि.एल./ विकलांग / इकलौती कन्या श्रेणी से सम्बंधित है तो कृपया संबन्धित प्रमाण-पत्र संलग्न करें। If the child belongs to SC / ST / OBC / EWS / BPL / Disabled / S.G. Category then please attach relevant certificate.

4. विकलांगता श्रेणी / Disability Category

विकलांगता के प्रकार / Type of Disability

विकलांगता का प्रतिशत / Percentage of Disability

प्रमाणपत्र संख्या / Certificate No.

जारी करने की तारीख / Date of Issue

प्रमाण पत्र निर्गमन प्राधिकारी / Certification issuing Authority

प्रमाण पत्र बच्चे के नाम पर होना चाहिए / Certificate should be in the name of child only

5. जन्म तिथि (अंकों में) Date of Birth (in figure)

(शब्दों में) (In words) _____

बच्चे की आयु 31.03.2022 तक वर्ष/Years मास/Months दिन/Days

Age as on 31.03.2022

6. बच्चे का रक्त समूह (Rh पैक्टर सहित) / Blood Group of the child (with Rh factor)

पारिवारिक विवरण /FAMILY DETAILS	माता /Mother	पिता /Father
एकल अभिभावक / Single parent		
शिर्षक / Title		
पहला नाम / First Name		
अंतिम नाम / उपनाम / Last Name / Surname		
राष्ट्रीयता / Nationality		
व्यवसाय / Occupation (Govt. Regular/Govt. Contractual / Private / Others)		
संस्था का नाम / Name of Organization		
पद / Designation		
ग्रड पे एवं वेतनमान / Pay scale with Grade Pay		
सकल वेतन (वार्षिक) / Gross Salary (annual)		
पदभार ग्रहण करने की तिथि / Date of Joining		
सेवानिवृत्ति की तिथि / Date of Super Annuation		
सेवा श्रेणी / Service Category (I / II / III / IV / V)		
घर का पता / Residential Address		
पता (जारी....) / Address (contd....)		
देश / Country		
राज्य / State		
जिला / District		
शहर एवं पिन कोड / City & Pin Code		
टेलीफोन नंबर / Telephone Number		
मोबाइल नंबर / Mobile Number		
ईमेल पता / E-mail Address		

	<i>Please enter Official Address details below if Mother is working</i>	<i>Please enter Official Details below. If Father/Guardian is working</i>
कार्यालय का पता / Official Address		
पता (जारी....) / Address (contd....)		
देश / Country		
राज्य / State		
जिला / District		
शहर एवं पिन कोड / City & Pin Code		
टेलीफोन नंबर / Telephone Number		
मोबाइल नंबर / Mobile Number		
कार्यालय का फैक्स नंबर / Office Fax no.		

अन्य जानकारी / OTHER DETAILSयदि प्रवेश गारंटी के अंतर्गत चाहते हैं / Whether seeking admission under RTE? स्कूल से दूरी / Distance from school (in kms.)

शिक्षा का अधिकार अधिनियम के प्रावधान के तहत कक्षा एक के प्रत्येक सेक्शन की 40 सीटों में से 10 सीटों (25%), विद्यालय के नजदीक मेर रहने वाले एससी / एसटी / ईडबल्यूएस / बीपीएल / ओबीसी (नॉन क्रीमीलायर) / विकलांग के सभी आवेदनों को एक साथ डकट्टा करके लॉटरी के माध्यम से भरी जाएगी।

As per RTE provision. 10 seats out of 40 seats (25% of seats) will be filled by draw of lots from all applications of SC / ST / EWS / BPL / OBC - Non Creamy layer / Differently abled who are residents of neighborhood (ONLY IN **BALVATIKA-I**)

बच्चे का आधार संख्या यदि उपलब्ध है / Aadhar No. of Child (if available)

सेवा प्रमाण-पत्र / SERVICE CERTIFICATE**(केन्द्रीय सरकार/Central Govt.)**

प्रमाणित है की श्री/श्रीमती कार्यालय/मंत्रालय में नियमित कर्मचारी के रूप में कार्यरत है। वे रक्षा सेवा/ केन्द्रीय रिजर्व पुलिस बल / सीमा सुरक्षा बल / एन.एस.जी./एस.पी.जी./सी.आइ.एस.एफ./केन्द्रीय सरकार स्वायत्त संस्था अथवा सार्वजनिक क्षेत्र के उपक्रम, जो पूर्ण रूप या आंशिक रूप से केन्द्र 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 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 financed by Central Govt. and his / her services are non-transferable /transferable anywhere in India.

स्थान / Place _____

दिनांक / Date _____

कार्यालय का पूर्ण पता एवं दूरभाष संख्या _____

Complete address and Telephone No. of office _____

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

सेवा प्रमाण-पत्र / SERVICE CERTIFICATE**(राज्य सरकार/State Govt.)**

प्रमाणित है की 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 working in the Office / Ministry of and his /her services are non-transferable/transferable anywhere is State.

स्थान / Place _____

दिनांक / Date _____

कार्यालय का पूर्ण पता एवं दूरभाष संख्या _____

Complete address and Telephone No. of office _____

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

DIED IN HARENESS CERTIFICATE

प्रमाणित किया जाता है की 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 हुआ था।

Certified that master/Miss..... is the son/daughter of late Sri/ Smt. who was regular employee of (Office/Department) and he/she died in harness (while in service) on (date).

स्थान / Place _____

दिनांक / Date _____

कार्यालय का पूर्ण पता एवं दूरभाष संख्या _____

Complete address and Telephone No. of office _____

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

स्थानांतरण विवरण /TRANSFER DETAILS

अभिभावक में माता अथवा पिता का चुनाव करे जिनकी सेवा श्रेणी एवं स्थानांतरण के आधार पर प्रवेश का निर्णय होगा।

Select parent whose Service Category and Transfers are to be considered for Admission

मैं, नाम (रैंक/पदनाम)..... कार्यालय, एतद द्वारा प्रमाणित करता/करती हूँ पिछले सात साल 31/03/ / 2022) 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 (upto **31.03.2022** ..) 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 (कि.मी.) Distance between the two Office (in km)	स्थानांतरण आदेश संख्या Transfer Order No.

मैं जानता/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 / COUNTER SIGNATURE

मैं (नाम) (रैंक/पदनाम)
 (कार्यालय, एतद द्वारा प्रमाणित करता/करती हूँ कि उपरोक्त विषय 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 का पूर्ण पता एवं दूरभाष संख्या _____

Complete address and Telephone No. of office _____

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

टिप्पणी / NOTE :- एक स्थान पर ठहरने की अवधि कम से कम छह मास होनी चाहिए। Minimum period of posting/stay at
 a place should be minimum six months.

नियम एवं शर्तें / Terms & Conditions**अभिभावकों द्वारा वचनबंध / Undertaking by the parents**

1. मैं प्रमाणित करता हूँ कि मेरे द्वारा दी गई जानकारी सही है।
 I certify that all the information provided is true to the best of my knowledge.
2. अगर मेरे बच्चे का नाम विद्यालय में नामांकन के लिए चयनित होता है, तो मैं प्रवेश के समय समस्त दस्तावेज की मूलप्रति प्रस्तुत करूंगा।
 I shall submit all the required documents in support of the submissions, provided my ward is shortlisted for admission.
3. मैं इस शर्त से सहमत हूँ कि उपरोक्त तथ्य यदि गलत पाए जाते हैं, तो मेरा बच्चा/बच्चे केंद्रीय विद्यालय में प्रवेश हेतु अयोग्य होता/होगे।
 I agree to the condition that, if the above mentioned facts are found to be incorrect, my child will be disqualified for admission in
 Kendriya Vidyalaya.

मैं नियम व शर्तों के लिए सहमत हूँ

I agree to Term & Conditions

NOTE :- 1. Proof of residence shall have to be produced by all applicants.

* A self declaration from the parent for distance may also be accepted by furnishing and undertaking to this effect.

- # 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 एतद् द्वारा यह प्रमाणित करता हूँ कि उपर्युक्त प्रविष्टियाँ मेरी जानकारी में सत्य है।
 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

पुरा नाम / Full Name

DISTANCE DECLARATION BY THE PARENT

I hereby declare that my son/daughter is residing in my own house/ rented house/ Guardian’s residence as per the address mentioned below and the distance from the place of his/her residence to Kendriya Vidyalaya No.2, Sambalpur, Burla is about Kilometers.

Name & Complete Address of Residence with Phone no./Mobile no.

.....
.....
.....
.....

This is true to the best of my knowledge.

Date:..... Signature of the Parent/Guardian.....

Declaration For Reimbursement

I Mr./Mrs. _____ F/O / M / O _____
seeking admission in class _____ at KV No.2 Sambalpur, Burla do here by declare
that I claim / do not claim reimbursement of fees i.r.o my child from my office.

Date: _____ Signature: _____

Time: _____ Name: _____

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 Parent / Guardian

Attach the Regularisation Letter

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 **Attach the Regularisation Letter** in respect of Sri/Smt./Ms.
 _____ (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)	
07.1	Date of Regularisation of Service of Employee (Attach the Letter)	
08	This office/organization is Central Government/Central Government Autonomous body/PSU fully or partially financed by Govt. of India/State Government/ State Government Autonomous Body/ PSU fully or partially Date of Regul 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/ State 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: _____