



# Registration Form

Paste latest Photograph of Child

Class : Reg. No. :



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

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
|  | Sex : | / MaleFemale/Third Gender |  |  |  |
| 2. |  | Date of Birth (in figure) : | Day | / Month | / Year |

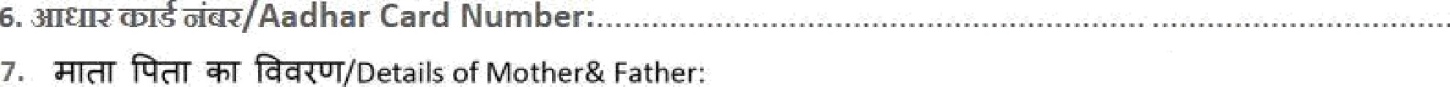
& / in words:

3. Age as on 31.03.2022 Year

/ Month / Day

1. Blood Group of the Child (with Rh Factor) :
2. Category to which Child belongs: General/SC/ST/OBC-CL/OBC-NCL/ EWS/BPL/ Diff. Abled Child( Attach Certificate)

:



|  |  |  |  |
| --- | --- | --- | --- |
| S.No. |  | Mother | Father |
| (i) | Name ( In Capital Letter) |  |  |
| (ii) | (Nationality) |  |  |
| (iii) | (Occupation) |  |  |
| (iv) | of the Office, Full Address & Telephone Number. |  |  |
| (v) | Full Residential Address & Telephone No. (With Proof) |  |  |
| (vi) | Distance  from KV in KM. |  |  |
| (vii) | Basic Pay |  |  |
| (viii) | No of Transfers in last 7 years  (As on 31/03/2022) |  |  |
| (ix) | Service Category of Parent |  |  |
|  | / Emp. Code (If Any) |  |  |
| (xi) | E-Mail Id: |  |  |

* + I certify that the above entries are true to the best of my knowledge. Signature of Guardian





Certified that Shri/Smt................................Designation...........................is working as regular employee

in the Office /Ministry of ............................ He/She is a regular employee of Defense 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.



Place

Date

Complete address and Telephone No. of office

SERVICE **CERTIFICATE**

**State** Govt.

Certified that Shri/Smt........................................ is permanently working in the office/Ministry of

………………….. and his/her services are non-transferable/transferable anywhere in State.



Place

Date

Complete address and Telephone No. of office

2

CERTIFICATE OF NUMBER OF TRANSFERS



**20**

1, (Name) (rank/ designation) of (office), do hereby certify that during the past 7 years (up to 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 :-

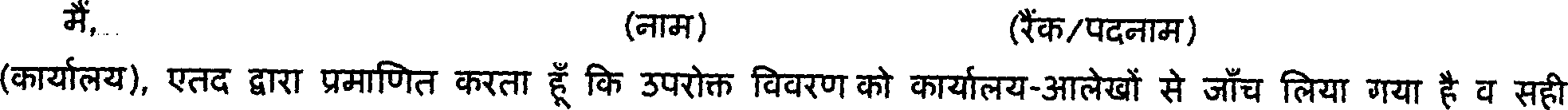
|  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- |
| S. No. | OffiCe/Unit | Place | Rank/Designation |  | | Period of stay | Order No. |
| From | To |
| 1. |  |  |  |  |  |  |  |
| 2. |  |  |  |  |  |  |  |
| 3. |  |  |  |  |  |  |  |
| 4. |  |  |  |  |  |  |  |
| 5. |  |  |  |  |  |  |  |
| 6. |  |  |  |  |  |  |  |
| 7. |  |  |  |  |  |  |  |

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



Signature of Parent

Countersignature



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.

Place

Date

Complete address and Telephone No. of office



Period of posting/stay should be minimum six months.

DIED IN HARNESS CERTIFICATE

(Only for Central Govt. Employees)









# 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).

Place

Date

Signature of Head of the Office



Complete address and Telephone No. of office

4