



पंजीकरण प्रपत्र/Registration Form

Class : Reg. No. : Paste latest
Photograph of
Child

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. 31.03.2022 तक आयु/ Age as on 31.03.2022

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:

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 31.03.2022)		
(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-----, -----
----- कार्यालय/मंत्रालय में नियमित कर्मचारी के रूप में कार्यरत है। वे रक्षा सेवा/केन्द्रीय रिज़र्व पुलिस बल/सीमा सुरक्षा बल/एन.एस.जी./एस.पी.जी./सी.आई.एस.एफ./केन्द्रीय सरकार स्वायत्त संस्था 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.....is working as regular employee in the office/Ministry of He/She is a regular 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.

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 (31.03.2022 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 31.03.2022) 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.

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 _____

टिपणी/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.

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).

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 _____

Self Declaration for distance between school and residence

I father/mother of
bearing Application Submission Codedeclare
that the radial distance between school and our residence iskm.

Date:.....

Signature of the parent

Name: _____

Address: _____

UNDERTAKING (T.C.)

I, Sh./Smt. _____ hereby give the undertaking that I will produce the Transfer Certificate (T.C.) on _____ in respect of my ward _____ who has taken Admission in class- _____ failing which Admission may be cancelled.

Date _____

Signature _____

Place: _____

Full Name _____

Declaration

I _____ Father / Mother of _____

here by declare that currently the SC/ ST/ OBC/OBC (NC) certificate submitted by me for admission of my child in class ----- at KV Gangapur City is in my name and I will submit the certificate issued in my child's name in three months from the date of admission, or my child's admission will be cancelled.

Signature of Parent/ Guardian

Father/ Mother of _____

Registration/Admission no. _____

Class _____

Self-Declaration Format

I _____ Father/Mother of Master/Miss _____

_____ age _____ years, resident of _____

(complete address), do hereby declare that the information given admission form of the admission in Kendriya Vidyalaya, Gangapur City 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 has been deemed cancelled and will liable to punishment as per guidelines of KVS and the benefit accrued by me or my ward shall be summarily cancelled.

Date-

Place-

Signature of the Parent/ Guardian _____

SINGLE GIRL CHILD

Rs. 100/- Stamp paper (Notary) Affidavit

I.....aged.....years, Indian
Inhabitant occupationResident of
..... is mother/father of
..... Date of Birth..... Submitting
my undertaking to the Head of the Institution in Class I Vide KVS Admission Guidelines
2022)

- 1) I hereby declare that Miss..... is the only girl child in my family (with no male/female sibling). I understand that it shall be my sole responsibility to inform you about any change in status of single girl child in the family immediately, if and when it occurs.
- 2) I am also aware that in case it is detected at any time that the affidavit sworn by me is false, appropriate action will be taken by the school authorities and KVS against me.

Signature of father

Signature of mother

Residential address with
Contact number:

Solemnly affirmed at
This.....day of.....20.....

BEFORE ME

Explained and Identified by me,

Advocate