

ANNEXURE –1

DOCUMENTS NEEDED TO BE SUBMITTED BY PARENTS:

1. Copy of Birth Certificate
2. Service Certificate in Original (in case of govt employee)
3. Copy of Caste Certificate (SC/ST/ OBC)
4. Copy of Residential Proof (Gas connection / Telephone bill / electricity bill / Rent agreement)
5. Certified Copy of Transfer Details (for govt. Employee) from employer in prescribed format.
6. Income Declaration (for others) / Salary Slip (for govt. Employees)
7. Copy of EWS / BPL Cards/Certificates (for RTE candidates, if applicable)
8. Copy of Aadhar card of Parent / child
9. Copy of Blood Group certificate for children
10. Relation certificate in original for KVS Wards (if applicable)
11. Affidavit for Single Girl Child (if applicable)
12. **Self Declaration Distance Between School And Residence (for RTE)**
13. Copy of Registration Form which was filled to apply.
14. Recent Photograph of the Child

NOTE : ALL ABOVE DOCUMENTS WILL BE VERIFIED WITH ORIGINALS

ANNEXURE –2

IMPORTANT PERFORMAS

Service Certificate

(राज्य सरकार / State Govt.)

प्रमाणित है कि श्री / श्रीमती कार्यालय / मंत्रालय में नियमित कर्मचारी के रूप में कार्यरत हैं 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 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 और दूरभाष संख्या/ Complete address and Telephone No. of office

.....

सेवा प्रमाणपत्र / Service Certificate

(केन्द्रीय सरकार / Central Govt.)

प्रमाणित है कि श्री / श्रीमती कार्यालय / मंत्रालय में नियमित कर्मचारी के रूप में कार्यरत हैं। 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 हैं , 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 finance by the 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 और 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(31/3/2021) 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 (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:-

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 (किमी)/ Distance between the two Office (in km)	स्थानांतरण आदेश संख्या / Transfer Order No.

मैं जनता /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 / Countersignature

में, नाम (रैंक / पदनाम) (कार्यालय), एतद द्वारा प्रमाणित करता / करती हूँ कि उपरोक्त विषय विवरण को कार्यालय-आलेखों से जांच 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

सक्षम अधिकारी के हस्ताक्षर
(नाम, पद और कार्यालय की मोहर सहित)
Signature of Competent Authority
(with Name, Designation and Office Stamp)

कार्यालय का पूर्ण पता एवं दूरभाष संख्या

Complete Address and Telephone No. of Office

टिप्पणी / Note :

एक स्थान पर ठहरने की अवधि कम से कम छह मास होनी चाहिए।

1. Minimum period of posting / stay at a place should be minimum six months.

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

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 2021)

- 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

DIED IN HARNESS CERTIFICATE

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 दिनांकको हो गया था।

Certified that Master/Miss Is the
son.daughter of Late Sr./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 oh Head of the Office
(With Name, Designation and Office Stamp)

स्थान/Place.....

दिनांक/Date.....

कार्यालय का पूर्ण पता औरदूरभाष संख्या/ Complete address and Telephone No. of office
.....

Self Declaration for Income

I father/mother of
bearing Application Submission Codedeclare
that my total Annual Income from all sources is Rs. _____

Date:.....

Signature of the parent