



तत् त्वं पूषन् अणवृणु
केन्द्रीय विद्यालय संगठन

केन्द्रीय विद्यालय संगठन

KENDRIYA VIDYALAYA SANGATHAN

क्षेत्रीय कार्यालय (REGIONAL OFFICE)

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No.F. 230331/01/2026-27/KVS(JPR)/Acad/

दिनांक: -06.04.2026

प्राचार्य,
समस्त केन्द्रीय विद्यालय,
जयपुर संभाग।

ई-मेल

विषय:- शैक्षणिक सत्र 2026-27 में स्थानीय स्थानांतरण किये जाने के सम्बन्ध में।

महोदया/महोदय,

उपर्युक्त विषयान्तर्गत के.वि.सं. के प्रवेश मार्गदर्शिका 2026-27 के अनुपालना में आप सभी को सूचित किया जाता है कि शैक्षणिक सत्र 2026-27 के लिए जयपुर संभाग के उन स्टेशन जहाँ एक से अधिक विद्यालय हैं, छात्रों के स्थानीय स्थानांतरण हेतु आवेदन निर्धारित प्रपत्र में भरकर दिनांक 15.04.2026 से 25.04.2026 तक सम्बंधित विद्यालयों में जमा किये जायेंगे।

के.वि.सं. के प्रवेश मार्गदर्शिका 2026-27 के भाग अ पैरा 7(ब) (i,ii एवं iii) के अंतर्गत आने वाले प्रकरणों पर स्थानीय स्थानांतरण हेतु विचार किया जायेगा। अतः प्राचार्यों से अनुरोध है कि निम्न बिन्दुओं का पालन करना सुनिश्चित करें-

1. स्थानीय स्थानांतरण के सम्बन्ध में सभी अभिभावकों को सूचित करें। (प्रार्थना सभा में, नोटिस बोर्ड के माध्यम से, कक्षा अध्यापक द्वारा इत्यादि)
2. स्थानीय स्थानांतरण हेतु 02 फार्म बनाये गए हैं। प्रकरण जिस बिंदु में आता हो तदनुसार फार्म अभिभावक को उपलब्ध करवाए।
3. अभिभावक द्वारा फार्म 04 प्रतियों में भरा जाएगा। फार्म जिस विद्यालय में छात्र/छात्रा पढ़ रही है वहाँ के प्राचार्य द्वारा सत्यापित करवाकर अभिभावक द्वारा फार्म को जिस विद्यालय में स्थानीय स्थानांतरण चाहिए वहाँ जमा करवाया जाएगा।
4. के.वि.सं. के प्रवेश मार्गदर्शिका 2026-27 भाग अ पैरा 7(ब) (i,ii) के सन्दर्भ में किसी भी कक्षा में औसत छात्र नामांकन संख्या यदि 50 है तो प्रकरण क्षेत्रीय कार्यालय न भेजे।
5. प्राचार्य, स्थानीय स्थानांतरण हेतु प्रकरण क्षेत्रीय कार्यालय भेजते समय 01 सीट सम्बन्धित छात्र के लिए आरक्षित करके ही भेजेंगे (यह सीट तब तक आरक्षित रहेगी जब तक प्रकरण पर स्वीकृति या अस्वीकृति नहीं दी जाती है)।
6. स्वास्थ्य कारणों से स्थानीय स्थानांतरण करवाने की स्थिति में केवल सरकारी अस्पताल के चिकित्सक द्वारा संलग्न प्रारूप में जारी स्वास्थ्य प्रमाण पत्र जिसमें बीमारी व परेशानी का स्पष्ट उल्लेख हो, यदि प्राइवेट डॉक्टर के द्वारा जारी स्वास्थ्य प्रमाण पत्र दिया जाता है तो उस पर जिला मुख्य चिकित्सा एवं स्वास्थ्य अधिकारी का प्रति हस्ताक्षर करना आवश्यक होगा तथा डॉक्टर का पंजीकरण नंबर व मोबाइल नंबर लिखा हो, स्वीकार्य होगा अन्य कोई दस्तावेज नहीं।
7. प्राचार्य, प्रवेश मार्गदर्शिका 2026-27 के पार्ट अ पैरा 7(ब) (i,ii एवं iii) में उल्लेखित बिन्दुओं का ध्यानपूर्वक अवलोकन करने के बाद ही योग्य प्रकरण consolidated list के प्रोफोर्मा में भरकर आवेदन की एक प्रति सभी दस्तावेजों के साथ हार्ड कॉपी क्षेत्रीय कार्यालय में दिनांक 30.04.2026 तक भेजना सुनिश्चित करें।

भवदीय

संजीत कुमार
(संजीत कुमार)
उपायुक्त 07/04/26

(Annexure-I)

KENDRIYA VIDYALAYA SANGATHAN (REGIONAL OFFICE) JAIPUR
PROFORMA FOR LOCAL TRANSFER OF STUDENTS (2026-27)

(Ref.:Part-A/clause-7B(i & ii) of KVS Admission Guidelines for session 2026-27)

PART-I

S.No.	PARTICULARS	REQUIRED INFORMATION
1	Name of the student (In block Letters)	
2	Father's/Mother's Name	
3	Residential Address of the Parent With phone No.	
4	Official Address of the parent With phone No,if any	
5	Name of KV where presently studying	
6	Date of Admission in the present KV and Class to which admitted	
7	Class in which studying now	
8	Name of KV Where local transfer is sought	
9	Choose Parent's Category for priority in admission	Cat.I / Cat.II / Cat.III / Cat.IV / Cat.V / Cat.VI
10	Please select one of the following reasons for local transfer	Part A Para 7B(i): In case of the allotment of Government Accommodation or shifting to own house to/by the parent (Priority category I to IV in Civil/Defence Sector KV and Priority Category I to V in Project/IHL Sector KV) in previous/ current academic session. Part A Para 7B(ii): Circumstances, where Local Transfer is sought by the parent on the basis of Medical Urgency /Serious illness of the student/parent.
11	Justification for seeking local transfer (With Supporting documentary proof)	

Certified that the information furnished above is true to the best of my knowledge

Place:

Date:

Signature of parent/guardian

Note:- In case of Medical urgency/serious illness, parent need to get Medical Certificate in prescribe format from any Government Hospital or if medical certificate is issued by Private medical practitioner then it should be countersigned by the Chief District Health and Medical Officer. It should be clearly mentioned what kind of illness child have and what consequences will happen if he/she continue his studies from the same school in the Medical certificate.

PART-II
(CERTIFICATE FROM THE PRINCIPAL OF KV TO WHERE THE STUDENT IS PRESENTLY STUDYING)

This is to certify that Master/Kum..... son/daughter of
Mr./Mrs..... presently studying in
class..... and average enrolment of the class as on date is per section.
Date of his/her initial admission in this KV is The address furnished by
the parent in the application at the time of admission
was.....

Any other remark/recommendation.....

Date:

Signature of Principal with Seal

PART-II
(CERTIFICATE FROM THE PRINCIPAL OF KV TO WHICH LOCAL TRANSFER IS SOUGHT AT FIRST PRIORITY)

Certified that the average enrollment of the Class..... as on date is
per section (seat will be blocked till approval/not approval of case) and Vidyalaya has sufficient
accommodation/furniture to accommodate the student. No any priority category cases are waiting for
admission.

The case is recommended for local transfer/not recommended for local transfer
because.....

Date:

Signature of Principal with Seal

(For use of Regional Office)

Local transfer PERMITTED/NOT PERMITTED

Deputy Commissioner
KVS (RO) Jaipur

(Annexure-II)
(For sibling Case)

KENDRIYA VIDYALAYA SANGATHAN (REGIONAL OFFICE) JAIPUR
PROFORMA FOR LOCAL TRANSFER OF STUDENTS (2026-27)

(Ref.: Part-A/clause-7B(iii) of KVS Admission Guidelines for session 2026-27)

PART-1

S.No.	PARTICULARS	REQUIRED INFORMATION
1	Name of the student (In block Letters)	
2	Father's/Mother's Name	
3	Residential Address of the Parent With phone No.	
4	Official Address of the parent With phone No,if any,	
5	Name of KV where presently studying	
6	Date of Admission in the present KV and Class to which admitted	
7	Class in which studying now	
8	Name of KV Where local transfer is sought	
9	Choose Parent's Category for priority in admission	Cat.I / Cat.II / Cat.III / Cat.IV / Cat.V / Cat.VI
10	Details of Sibling (s)	1. Name of Sibling: 2. Class: 3. Name of KV where studying: 4. Date of Admission:
11	Justification for seeking local transfer (With Supporting documentary proof)	

Certified that the information furnished above is true to the best of my knowledge.

Place:
Date:

Signature of parent/guardian

PART-II
(CERTIFICATE FROM THE PRINCIPAL OF KV WHERE THE STUDENT IS PRESENTLY STUDYING)

This is to certify that Master/Kum..... son/daughter of Mr./Mrs..... presently studying in class..... and average enrolment of the class as on date is per section. Date of his/her initial admission in this KV is The address furnished by the parent in the application at the time of admission was.....
Any other remark/recommendation.....

Average enrolment of class in which sibling, in another KV _____

Date:

Signature of Principal with Seal

PART-III
(CERTIFICATE FROM THE PRINCIPAL OF KV TO WHICH LOCAL TRANSFER IS SOUGHT AT FIRST PRIORITY)

Certified that the average enrollment of the Class..... as on date is per section (seat will be blocked till approval/not approval of case) and Vidyalaya has sufficient accommodation/furniture to accommodate the student. No any priority category cases are waiting for admission.

Average enrolment of class in which sibling, in another KV: _____

The case is recommended for local transfer/not recommended for local transfer because.....

Date:

Signature of Principal with Seal

.....
(For use of Regional Office)

Local transfer PERMITTED/NOT PERMITTED

Deputy Commissioner
KVS (RO) Jaipur

MEDICAL CERTIFICATE

NAME OF STUDENT:-.....

NAME OF PARENT :-.....

NAME OF PERSON SUFFERING:-.....
(Only applicable for student or parent)

PERSON RELATION WITH STUDENT:-.....

NAME OF DISEASE:-.....

Suffering From Date:-

This is to certify that the disease mentioned above falls under medical urgency/serious illness.

Signature of parent

(To be signed in presence of the Medical officer)

SEAL & SIGNATURE OF MEDICAL OFFICER

NAME OF MEDICAL OFFICER.....

REGISTRATION NO.

COUNTERSIGNED BY CMO

(IF CERTIFICATE ISSUED BY PRIVATE HOSPITAL/ MEDICAL OFFICER)