



केन्द्रीय विद्यालय संगठन  
पीएम श्री केन्द्रीय विद्यालय....., संभाग.....  
PM SHRI KENDRIYA VIDYALAYA....., Region.....

**REGISTRATION FORM FOR KV/NON-KV STUDENTS FOR ADMISSION TO  
CLASS XI (2025-2026)**

Reg No \_\_\_\_\_ Date of Reg \_\_\_\_\_  
Admission No. (For KV Student) \_\_\_\_\_

Paste your Latest  
Photograph

**STREAM CHOICE:**

- (1) Science ☐
- (2) Commerce ☐
- (3) Humanities ☐

- Name of applicant (As per CBSE Marksheet): \_\_\_\_\_
- School last Attended: \_\_\_\_\_
- (a) Father's Name: \_\_\_\_\_ Mother's Name \_\_\_\_\_  
(b) Occupation Father : \_\_\_\_\_ Occupation Mother: \_\_\_\_\_  
(c) Service Category of Parent as per KVS Admission guidelines \_\_\_\_\_
- Residential Address: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_
- Phone /Mobile No 1. \_\_\_\_\_ 2. \_\_\_\_\_
- Email id \_\_\_\_\_
- Category of Applicant (Specify Gen./ SC/ST/OBC(NCL)): \_\_\_\_\_  
(if SC/ST/OBC(NCL), attach self-attested photocopy of certificates)
- Result of class X (supported by photo copy of mark sheet) \_\_\_\_\_
- CBSE Roll No. \_\_\_\_\_
- Aggregate Marks in Science & Marks \_\_\_\_\_ Percentage \_\_\_\_\_
- Aggregate of the best five subjects including two languages (If opted additional subject in class X) Marks \_\_\_\_\_ Percentage \_\_\_\_\_

Subject	Marks	Subject	Marks
Hindi		Mathematics Standard	
Sanskrit		Mathematics Basic	
English		Science	
Social Science		<b>Total Marks with %</b>	<b>/500      %</b>

13. Subject Combination Preferred:- \_\_\_\_\_(A/B/C/D)

(A) Compulsory Subject: - 1. English 2. Maths 3. Physics 4. Chemistry

Optional Subject :- Computer Science/Hindi/Geography (Subject Chosen\_\_\_\_\_)

(B) 1. English 2. Biology 3. Physics 4. Chemistry

Optional Subject: -Maths/Hindi (Subject Chosen\_\_\_\_\_)

(C) 1. English 2. Accountancy 3. Business Study 4. Economics

Optional Subject: - IP/Hindi/Maths (Subject Chosen\_\_\_\_\_)

(D) 1. English 2. Geography 3. History

First Optional Subject: -Political Science/Economics (Subject Chosen\_\_\_\_\_)

Second Optional Subject: - IP/Hindi/Maths (Subject Chosen\_\_\_\_\_)

Preferences of streams: -(Please give preference as 1,2,3,4)

Group-A [     ]    Group-B [     ]    Group-C [     ]    Group-D [     ]

14. Whether participated in SGFI/KVS National /Regional Sports

Meet/Scout/Guide/NCC (if yes, please attach attested photo copies of certificate and give details). Specify the level also \_\_\_\_\_

(All taken together Aggregate Marks will not be exceeded by 6%)

*We hereby declare that the above information furnished is true to the best of our knowledge.*

Date:

Signature of Student

Parent 's Signature

Note: -Page no.3 and 4 are compulsory to submit for Non-KV Student or KV student other than PM SHRI KV NO.1 SHAHIBAUG. student who are student of PM SHRI KV NO.1 SHAHIBAUG are not to submit the Performa given in the page no.3 and 4

P M SHRI KENDRIYA VIDYALAYA NO.1 SHAHIBAUG AHMEDABAD

RECEIPT OF OPTION FORM SUBMITTED FOR CLASS XI

SESSION -2025-26

Registration No. \_\_\_\_\_ Date :- \_\_\_\_\_

CBSE ROLL NO. \_\_\_\_\_

NAME OF STUDENT \_\_\_\_\_

FATHER NAME :- \_\_\_\_\_

Signature of Receiver

## 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 रिजर्व 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।  
Period of posting/stay at a place should be minimum six months.



