KVS AHMEDABAD REGION

Application form for Local Transfer of students of KVs (2026-27)

1. KV from which local transfer is sought.

2. Particulars of student(s) [to be verified by the KV where the student is studying on the date ofapplication.]

S. No.	Name of the student(s)	Priority category of parent as per KVS admission guidelines	Class in which student is presently studying	Average enrolment of the class	Date of first admission in KV with class		Address at the time of first admission in the KV	Signature of Class Teacher
					Date	Class		

3. Particulars of Parent of student who is seeking admission on Local transfer on KV TC

Name of the Parent	Designation	Office address where the parent is employed/posted	Residential address of the parent (proof of residence to be attached)

4. KV where local transfer is sought _____

5. Ground for seeking Local transfer:(Please Attach proof wherever required)

(a) Medical ground of the student of the KV.

(b)(i) Sibling is studying in the KV where local transfer is sought (either KV lesser class strength).

(ii) Date of first admission of sibling in the KV where local transfer is sought.

(c) Allotment of govt. accommodation to the parent.

(d) Parents shifted to permanent residence of their own.

Date: Signature of Parent

Place: Name of Parent

Recommendation by KV Principal from where transfer is sought

I certify that the reasons cited for local transfer from KV__to KV_____are genuine & I have personally verified the veracity of the documents from the original document. The certified documents are attached with the local transfer request form submitted by the Parent. I undertake to state that the case of local transfer is genuine under Part A, Rule 7 (iv) of KVS Admission Guidelines 2026-27.

_____

Seal & signature of Principal with date

To be filled by the KV where Parent is Seeking Admission on Local Transfer.

1. KV from where the local transfer is sought _____

2. Particulars of class in which admission is sought by parent on local transfer.

Class in which admission is sought	No. of sections	Total strength of all sections as on date	Average strength of the class.

Declaration by the Principal where local transfer is sought

I am satisfied with the reasons & documents forwarded by the parent KV of the student & hence forward the case to the Cluster I/C KV Principal for further action.

_____
Seal & signature of Principal
with date

To be filled by the Screening Committee at Cluster Level.

The following members of the Screening Committee verified the documents in accordance with the reason(s) stated by the parent local transfer. The case has merit/no merit for consideration & approval of the competent authority. The screening committee recommends/do not recommend the approval of local transfer of the students from KV_____to KV_____.

Name of members of Screening Committee Signature of members of Screening Committee

_____ _____

_____ _____

_____ _____

Decision taken by the competent authority on the basis of recommendation by the ScreeningCommittee and provisions listed in Admission Guidelines -2026-2027.

Approved/Not Approved