KENDRIYA VIDYALAYA SANGATHAN, VARANASI REGION

Application for Local transfer for the year 2026-27

(To be submitted in Triplicate in the KV where the student is presently studying)

1. Transfer sought from KV---------- to KV ----------
2. Name of Student (Capital Letter) ……..
3. Sex ……..
4. Father's name ……..
5. Mother's name ……..
6. Class in which the child is studying ……..
7. Date of admission in KV ……..
8. Fresh admission or admission on KV TC ……..
9. Reason for seeking transfer ……..

10. If siblings are studying in different KV, give their complete details (Attach any relevant documents)

SN	Name of Student	Class & Sec	Name of that KV	Date of first Admission in present KV
1				
2				

11. (a) Residential address at the time of admission * …… **(Attach Proof)**
    (b) Present residential address * .... …… **(Attach Proof)**
    (Residential proof of (a & b) both are to be attached)

12. Signature of the parent / guardian Date:

(To be filled up by the KV where the student is studying)

(After filling three copies, two copies are to be sent the KV where local transfer is sought)

1. From which year the child is studying in your KV :
2. Whether the child admitted on transfer or fresh admission :
3. Attendance in current session :
4. Category of the parent (must be filled up) :

Name of the Student	Class	No. of Sections	Average strength of the class	Recommendation of the Principal

Signature of Principal With seal

To be filled up by the KV where the local transfer sought)
(After filling up two copies, one copy is to be sent to RO)

Class	No. of Sections	Average strength	Average Strength	Recommendation of the Principal

Signature of the Principal with seal

Approved/Not approved. (to be filled up by RO)