PM SHRI KENDRIYA VIDYALAYA NO.2 GOLCONDA

DOCUMENTS REQUIRED FOR ADMISSION IN BALVATIKA-1, SESSION 2025-26

The following documents are to be submitted in original along with self attested copies by the parents whose child will be selected and called for admission. Some of the original documents will be returned after verification.

- 1. Hard Copy (Print Out) of the Online Application Form: Paste the Colour Passport size photo of the child on it and bring one more passport size photo to paste on Admission form.
- 2. **Birth Certificate** issued by the competent authority showing date of birth (Keep the Original for verification & attach a photocopy)
- 3. **Proof of Residence**: Electricity bill/Telephone bill/gas connection or gas delivery receipt/Aadhar Card/bank Pass Book /Quarter Allotment order copy (if residing in govt. allotted quarter) etc. in which the address is mentioned (This should be in the name of either of the parents). If residing in Rented House Rent agreement along with electricity bill of the house owner.
- 4. **Self-declaration about Submission of documents**, the distance of the residence from PM SHRI KV No.2 GOLCONDA & Undertaking for Caste Certificate where applicable (The format may be downloaded from the Vidyalaya Website).
- 5. Certificate of Proof of Blood Group
- 6. **Valid SC/ST/OBC-NCL Certificate** issued by the competent authority (Certificate in the name of the parent may be accepted initially) If it is in the name of the parent an undertaking should be submitted to submit the certificate in the name of the child within 10 days from the date of admission.
- 7. **OBC (Non-Creamy Layer) Certificate** issued by the competent authority should not be older than three year. It should be issued on or after 01.04.2022
- 8. Those claiming Economically Weaker Section should submit valid documents i.e. "INCOME & ASSET CERTIFICATE TO BE PRODUCED BY ECONOMICALLY WEAKER SECTION" issued by the competent

authority (Income Certificate will not be accepted in lieu of this): It should be issued during the current Financial Year i.e. on or after 01.04.2025, Certificate issued after 01.04.2024 will be accepted initially, however the fresh one issued after 01.04.2025 will be submitted by the parent within One month of admission.

- 9. Those claiming **Below Poverty Line** should submit the following documents: BPL Card, if available in the name of the parent of the child, but lapsed as on date, this can be countersigned by the competent authority.
- 10.Valid **Handicapped Certificate** issued by the competent authority those claiming differently abled.
- 11. **A Service Certificate** (By Government Employees) showing the number of transfers during the preceding 7 years issued by the competent authority-ORIGINAL (Those claimed Service Category 1/2/3/4) Format may be downloaded from the Vidyalaya Website
- 12. For government employees ID card issued by the employee/last month's pay slip
- 13. **For Ex-Service Man** Bonafide Certificate & Transfer details counter signed by the Zilla/RajyaSainik Board or any competent authority, Copy of Discharge Book, Copy of PPO.
- 14. Copy of Transfer Orders
- 15. Aadhar Card (Child, Father, Mother)

Sd/

Principal

SELF DECLARATION

(Submission of Documents & Information)

I	Father/Mother of
	Age Years ,Resident of
(cc	omplete Address) ,do here by declare that the information given in
admission form of the admission	in PM SHRI Kendriya Vidyalaya No.2 Golconda and in the enclosed
documents is true to the best of r	my knowledge and belief and nothing has been concealed there in. I
am well aware of the fact that if t	he information given by me proved false/not true at any point of
	d cancelled and I will liable to punishment as per guidelines of KVS
	my ward will be summarily cancelled.
,	, ,
Date :	Signature of the parent :
Place :	Mobile No :
	SELF DECLARATION
(Distance from School t	o Residence) – For Candidates selected under RTE
I	Father/Mother of Master/Miss
	age Years ,bearing Application Number
Reside	nce Address as mentioned in the Registration form
	(Complete Address
as mentioned in the on line Regis	tration form),do hereby declare that the distance between PM
	conda and the above mentioned residence isKM.
Date :	Signature of the parent:
Place :	Mobile No :
	UNDERTAKING
(Subn	nission of SC/ST/OBC Certificate)
	(Name of Parent) do hereby declare that I
will submit the Caste Certificate (S	SC/ST/OBC-Non Creamy layer) issued by the competent authority in
the name of my child	(Name of Child) within 10 days
from the date of admission of my	ward in PM SHRI Kendriya Vidyalaya No.2 Golconda .If I fail to
submit the same in the name of n	ny child within this period the admission of my ward will be
summarily cancelled.	
Date :	Signature of the parent:
Place :	Mobile No :

स्थानांतरण संख्या प्रमाण पत्र / CERTIFICATE OF NUMBER OF TRANSFERES मैं......(कार्यालय), एतद द्वारा प्रमाणित करता/करती/ हूँ कि पिछले सात साल (01.04.2018 से अब तक) में एक स्थान से दूसरे स्थान पर मेरे(अंकों व शब्दों में) स्थानांतरण हए जिनका विवरण नीचे दिया गया है। I,.....(rank/designation) of.....(office), do hereby that during the past 7 years (from 01.04.2018 onward) I have been transferred...... Times (in figures & in words) from one station to another, the details of which are given as under :-अवधि दिनांक अवधि ठहरने की स्थानांतरण आदेश स्थान द्री स्थान से/ अवधि Transferr (किमी)/Distanc दिनांक से/ तक / Date संख्या/Transf Office/ ed Office/ between Unit /Period Date of of release Order er Unit and the two and joining from the No. of Stay Place Office Place (in Office/U the (in km) Office/ nit month Unit s) मैं जनता/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

स्थान/ Place.....

दिनांक/ Date.....

माता /पिता के हस्ताक्षर

Signature of Parent

प्रतिहस्ताक्षर/ Countersignature

मैंनाम(रैंक/पदना	म)(कार्यालय), एतद द्वारा प्रमाणित करता/ करती हूँ कि
उपरोक्त विषय विवरण को कार्यालय- आले	खों से जांच लिया गया है व सही पाया गया है।
	(rank/designation)of(unit/depart particulars given in above have been authenticated ice 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 Teleph	none No. of Office
टिप्पणी/ Note:	

- 1. 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.

Service Certificate

(राज्य सरकार / State Govt.)

प्रमाणित है कि श्री / श्रीमती नियमित कर्मचारी के रूप में कार्यरत हैं तथा उनकी सेवा अस्था स्थानांतरणीय है।	कार्यालय / मंत्रालय में नांतरणीय है / पूर्ण राज्य में कहीं भी
Certified that Shri/Smt	
	कार्यालय अध्यक्ष के हस्ताक्षर (नाम, पद और कार्यालय की मोहर सहित) Signature of head of the Office Vith Name, Designation and Office Stamp)
स्थान/Place दिनांक/Date कार्यालय का पूर्ण पता औरद्रभाष संख्या/ Complete address	s and Telephone No. of office

सेवा प्रमाणपत्र / Service Certificate

(केन्द्रीय सरकार / Central Govt.)

प्रमाणित है कि श्री / श्रीमती नियमित कर्मचारी के रूप में कार्यरत हैं। वे रक्षा सेवा / केंद्रीय रिज़र्व एस.पी.जी / सी.आई.एस.एफ. / केंद्रीय सरकार स्वायित संस्था अथव आंशिक रूप से केंद्र सरकार से वित-पोषित हैं, के नियमित कर्मचारी भारत में कहीं भी स्थानांतरणीय है।	। पुलिस बल / सीमा सुरक्षा बल / एन.एस.जी. / वा सार्वजनिक क्षेत्र के उपक्रम, जो पूर्ण या
Certified that Shri/Smt	F / NSG / SPG / CISF / Central Govt. / ced / partially finance by the Central
(With	कार्यालय अध्यक्ष के हस्ताक्षर (नाम, पद और कार्यालय की मोहर सहित) Signature of head of the Office n Name, Designation and Office Stamp)
स्थान/Placeदिनांक/Date कार्यालय का पूर्ण पता औरदूरभाष संख्या/ Complete address ar	nd Telephone No. of office

DIED IN HARNESS CERTIFICATE

प्रमाणित किया जाता है कि कुमार / कुमारी	स्वर्गीय श्री /
श्रीमती	के पत्र /पत्री हैं जो
(कार्यालय / विभाग) व	में नियमित रूप से सेवारत थे / थीं और उनका
देहावसान सेवाकाल की अवधि में दिनांक	
Certified that Master/Missson.daughter of Late Sr./Smt.	
regular employee ofhe/she died in harness (while in service) on	(Office/Department) and
	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 add	