CERTIFICATE FROM THE EMPLOYER		
(Regarding Status of Employment & identification of Admission Category in KVS)		
	_	

Ι	Sri/Smt./Ms. (Name	of	the	Employer)	,
desig	gnation working in	the		office	of
	department of	respect	_ , of	government Sri/Smt./	of Ms.
	(Name of the Emplo		whose		
	(Name of the Child) is seeking ad				
	yalaya Sidhi.	1			
01	Name of the Child for whom admission is sought (in Block Letters)				
02	Class in which admission is sought				
03	Full name of the employee (in Block Letters)				
04	Designation of the employee				
05	Employee Code / Employee Identity No.				
06	Name of the office where the employee is presently posted				
07	Status of Employment (Whether Permanent/ Regular/ Temporary/Contractual/ Part Time/ Adhoc/Daily Wage Basis/Casual -To be written clearly)				
	This office/organization is Central Government/Central Government Autonomous				
08	body/PSU fully or partially financed by Govt. of India/State Government/ Sate				
	Government Autonomous Body / PSU fully or partially finance by the state govt. (To be written clearly)				
	Whether the employee is to be considered as an employee of Central				
	Government/Central Government Autonomous body/PSU fully or partially financed				
00	by Govt. of India/State Government/ Sate Government Autonomous Body/ PSU fully				
09	or partially finance by the state govt. (Any one of the above to be written clearly)				
	Note: STATE GOVERNMENT EMPLOYEE: An employee who is regular (i.e. an employee working on that post sanctioned by the State Government in substantive				
	capacity) and draws his emoluments from the Consolidated Fund of State.				
	Please write any one of the following which is applicable i.r.o. the child for				
	whom admission is sought				
	1. Children of transferable and non-transferable Central government employees and children of ex- servicemen.				
	2. Children of transferable and non-transferable employees of Autonomous				
	Bodies / Public Sector Undertaking/Institute of Higher Learning of the				
10	Government of India.				
	3. Children of transferable and non-transferable State Government employees.				
	4. Children of transferable and non-transferable employees of Autonomous Bodies/ Public Sector Undertakings/Institute of Higher Learning of the State				
	Governments.				
	5. Children from any other category i.e. , all those not covered under any of				
	the categories 1 to 4 listed above.				
11		(i)	Pay Lev	vel:	
		(ii)	$\overline{\mathbf{p}_{\mathbf{av}}}$.		
		(iii)	DA :		
	Recent Pay/Salary of the Employee with proper Split up		HRA :		
			Any Ot	her	
		(vi)	Any Ot	her :	
			Total :		
12	Whather the ampleuses is drawing the consolidated new	(vii)	rotal :	YES / NO	<u> </u>
12	Whether the employee is drawing the consolidated pay			1 ES / INC	,

Place: ______
Date: _____

Signature of the Certifying Authority with Seal