### PM SHRI KENDRIYA VIDYALAYA NAYAGARH ADMISSION NOTICE

Registration (in offline mode) for Balvatika-2 and Class-II onwards (except Class XI) - Subject to the availability of vacancies in class: **Balvatika-2.** 

For the information of all concerned, based on the tentative vacancy position in class-wise enrolment, there is an available vacancy in BALVATIKA-2 (for children aged 4 to 5 years) for the academic year 2025-26. As per the KVS Admission Guidelines 2025-26, registrations for admission are to be invited. The details of the registration process are as follows:

Registration opened on
 Registration will be closed on
 02.04.2025 (10:00AM)
 11.04.2025 (04:00 PM)

3. Registration form submission : 11:00a.m. to 12:30 p.m.(at the Vidyalaya Office/Help Desk)

4. Eligibility Age Criteria :

Class	Age (as on 31st March 2025)
Balvatika-II	Attained 4 years but not completed 5 years

- 5. Documents required to be submitted for Registration:
  - a. Filled in Application form (As Annexure A). [ Print One Sided for the Registration Form]
  - b. Self-Attested copy of the Date of Birth (DOB) Certificate of the child issued by the competent authority. Original to be submitted at the time of admission for verification.
  - c. Self-Attested copy of the certificate issued by competent authority for SC/ST/PH or DA/OBC (*Non-creamy layer* certificates should have been issued *on or after* **01.04.2024**) /EWS\*/BPL\* (if any) in the name of the parent.
  - d. Two recent passport-size photographs of child.
  - e. Proof of residence (Voter ID/Bank Passbook/Gas Connection/recent Telephone or Electric Bill etc.)
  - f. For Central/State Govt. employees, a copy of the Service certificate of the parents issued by competent authority in the prescribed format (As Annexure B), recent paid slip (pay slip) of last 2 Months, front page of the service book duly attested by DDO, which can be sent for verification (if required). Further, to supplement the claim, a copy of the appointment Order/Regular Order/NPS statement /any other formats (if required) duly attested by DDO may be required for the proof of the service/service category.
  - g. For Ex-service man, a copy of the discharge book/ PPO/ Ex-service man identity card issued by Zilla Sainik Board where residential address is clearly mentioned can be submitted.
  - h. In case of the Govt. employees the details of transfers during the last 7 years (01 Apr 2018 onwards) are duly signed by the competent authority in the prescribed format (As Annexure C)
  - i. Self-attested copy of the Aadhaar Card of the Child.
  - j. Clinical proof of Blood Group with RH Factor.
  - k. For Differently Abled candidates, a copy of the Disabled/PH Certificate issued by the competent authority. Original to be produced for verification.
  - 1. Self-attested copy of the Aadhaar Card of the Child.
  - m. UDISE PEN (Permanent Education Number) and APAAR ID (if available)
- 6. The Admissions to the above classes will be made as per KVS Admission guidelines 2025-26.

For detailed information, please visit our website: <a href="https://nayagarh.kvs.ac.in/admission-details/">https://nayagarh.kvs.ac.in/admission-details/</a>

If necessary, contact Vidyalaya Helpdesk

Date: 01.04.2025



### REGISTRATION FORM FOR ADMISSION IN "PM SHRI KV NAYAGARH" SESSION: 2025-26

\*\*\* यहां दर्ज की गई जानकारी को सबमिट करने के बाद संशोधित नहीं किया जा सकता।.

\*\*\* Information entered here cannot be modified after submitting. \*Always refer KVS Admission Guideline: 2025-26.

(For Office use only)  Reg. No: Adm. Cat: No. Transfer:				ınsfer:	A recent passport size photograph to be attached		
Gen/ SC/ST/OBC:EW			/S/BPL:	PH:			
(Mu	st be	sApp No. of the Parent: replied within 48 hours for on of the registration form)					
	1.	Class Applied:					
	2.	पूरा नाम /Full Name :					
	3.	जन्मतिथि /Date of Birth (in figu	re) :				
	4.	जन्मतिथि    /Date of Birth (in wor	ds) :				
	5.	आयु/Age as on 31.03.2025:		Years	Months	Days	
	-	S- 12 1 12 1 17					
	6.	लिंग /Gender (Male/Female/Ti					
	7.	परिवार का आय / वर्ग-Family Inco (EWS*/BPL*) :	ome Group				
	8.	दिव्यांग /Differently Abled (Yes,	/No) :				
	9.	जाति वर्ग /Caste Category : (SC/ST/OBC (NCL) /GEN)					
	10.	बच्चे का आधार क्रमाँक यदि उपल	ब्ध है /	<i>y</i> •		N (if any)* : any)*:	
	11.	Aadhar Number (if available) : रक्त समूह /Blood Group :					
		*				Religion :	
	12.	nils of Parents पुरा नाम /Full Name :	iviotnei	r's Details	Fatr	ner's Details	
	13.	राष्ट्रीयता /Nationality:					
	14.	घर का पता /					
		Residential Address :					
	15.	ि विद्यालय से दूरी (में .मी.िक) /Distance from KV (in KM) :					
	16.	व्यक्तिगत मोबाइल नंबर / Personal Mobile Number :*					
	17.	व्यवसाय /Occupation :					
	18.	संस्था का नाम /Organisation:					
	19. कार्यालय का पता /Official						
		Address:					

20	<sup>0</sup> व्यक्तिगत ईमेल पता /Per. Email:	Father :			
_		Mother:			
2:	1. अभिभावक में पिता दादा / मां / दादी का चु	☐ Father			
	सेवा श्रेणी एवं स्थानांतरण के आधार पर प्रवे	☐ Mother			
	the parent whose Service Category and T considered for Admission :	ransfers are to be			
2	2. सेवा श्रेणी Service Category of the parent:	[1 /2 /3 /4 /5].			
	1- Central Govt./ Ex- Servicemen* 2. Central Govt.	Auto./PSU*			
23	3. State Govt.* 4. State Govt. Auto.* 5. Private / C		*Refer KVS Admission Guideline 20	)25-26.	
2.	नाव ननागरा जाता वावा का गाउँस वावा गा		□YES		
	स्थानांतरण हुआ है? / Whether parent has b	een transferred in	□NO		
2	last 7 years from 01 Apr 2018 onwards:  4. If Yes, Number of transfers in Last 7 years. D	July signed			
2	Annexure C is to be attached in such case.	outy signed			
2.					
* 5	Subject to Verification of the Documents as per t	he KVS Admission (	 Guideline / Circulars:		
	घोषित करता हूं कि मैंने केवीएस प्रवेश दिशानिर्देशों 2025 -			तन की गई सभी	
	नकारी मेरे ज्ञान और विश्वास के लिए सच्ची, पूर्ण और सही				
	ne-य / असत्य / गलत पाई जाती है, तो मेरे वार्ड का प्रवेश वें		**		
	र केंद्रीय विद्यालय में प्रवेश के नियमों, विनियमन और प्रक्रि	-			
	लों में प्रस्तुत किया जाना आवश्यक है, यदि पेशकश की जात			•	
adı	mission in Kendriya Vidyalaya. The original docu mission, if offered. दिनांक /Date:	•	o be presented to the schools a र / पिता /Signature of the Father / Mothe		
	पूरा	नाम /Full Name :			
संल	ग्न दस्तावेजों की सुची /List of Documents to be attached/ Che	eck List (by Office only):			
1.	Registration Form [as Annexure-A]				
2.	Date of Birth Certificate (Self Attested)				
3. 4.	Photograph  Service certificate/Ex-Serviceman [as Annexure-B	1/ Annointment Letter	(if Govt Servant)		
<del>7.</del> 5.	Copy of recent pay slip / Appointment Order* and				
	*** Must be Certified/Attested by DDO				
6. 7.	Transfer Format by the competent authority [Anno Proof of certificate in case of SC/ST/OBC (Non Cro		nt)		
<u>7.</u> 8.	EWS*/BPL* (with name of the Father)	zamy Layor y			
9. 1 <b>0</b> .	PH / DA Certificate Residence Proof				
10. 11.		PEN /APAR ID (if an		_	
	A 1/A	IONALI EDGENATAIT			
9	No पंजीकरण संख्या /	IOWLEDGEMENT  PEGD NO			
	I Received an application from Shri/Smt				
foi	for registration of her /his son/daughter				
foi	r admission to class				
तिर्वि	थि/Date: / 04 / 2025 Office / Admission I/c				

# Service Certificate (State Govt.)

Certified that Shri/Smt	
Designation	is working as a <b>regular employee</b> in the office,
Ministry of	/Autonomous Body/PSU fully
financed/partially financed (	% percentage of Govt. share) by the State Governmen
and his/ her services are non-	transferable/ transferable anywhere in the State.
Complete address and tele	phone number of the office:
Telephone No. of office:	
	Signature of Head of the Office/DDO
	Name:
Date:	Designation:
Place:	Contact No:
	(Office Stamp)

#### Note\*:

1. Please strike out whichever is not applicable before the signature of the Head of the Office / DDO.

## Service Certificate (Central Govt.)

Certified that Shri/Smt	,
(Designation)	is working as <b>regular employee</b> in the office
/Ministry of	He/She is a regular employee
of Defence Service/ITBP/ CRP	F/BSF/NSG/SPG/CISF/SSB/Assam Rifles/DRDO/
Central Government/AIS/Aut	onomous Body/ Public Sector Undertaking fully financed/
partially financed (% per	rcentage of Govt. share) by Central Government and his/
her services are non-transfera	ble/ transferable anywhere in India.
Complete address and tele	phone number of the office:
Telephone No. of office:	
	Signature of Head of the Office/DDO
	Name:
Date:	Designation:
Place:	Contact No:
	(Office Stamp)

**Note\*:** Please strike out whichever is not applicable before the signature of the Head of the Office / DDO.

### **CERTIFICATE OF NUMBER OF TRANSFERS**

I,				(name)			(Rank/
de	esignation) is a <b>Per</b>	manent em	ployee of				
•••	••••••	• • • • • • • • • • • • • • • • • • • •	• • • • • • • • • • • • • • • • • • • •	. (complete o	ijice adaress).	THE HallSI	er details of
th	ne employee during	the past 7 y	ears (from (	01.04.2018 o	nwards) as p	er the servi	ice records is
fu	rnished as under:						
NI.	ote: An employee v	vould bo tro	ated as tran	cforrod only i	if ha/sha has	hoon transf	orrad (during
	e past 7 years) <b>by th</b>			-	=		, •
	at least 20 kms and	-	•	-	•		
S.	Place of Posting		of Stay	Period of stay in Months	Transferred to: (Place)	Distance between two Places (KM)	Office Order No
No.	(Transfer From)	From (dd-mm-yyyy	To (dd-mm-yyyy)				
1							
2							
3							
4							
5							
6							
7							
8							
9							
H	know that if the ab	ove-mentic	ned facts ar	e found inco	rrect, my ch	ild will be d	isqualified
fc	or admission in Ken	idriya Vidya	laya.				
				Cianatura of	Lood of the	Office/DD	0
	Signature of Head of the Office/DDO						
	Name:						
	Date:		Designation	ı:			
	Place:		Contact No:	:			
					(Office Sta	mp)	

**Note\*:** 1. Please strike out whichever is not applicable before the signature of the Head of the Office / DDO.

## **SELF-DECLARATION FORMAT**

I	, Father / Mother of Master / Miss
	_ age years, resident of
	(complete
address), do hereby declare that the	information given in admission form of the admission in Kendriya
Vidyalaya Nayagarh and in the end	closed documents is true to the best of my knowledge and belief and
nothing has been concealed therein. I	am well aware of the fact that if the information given by me is proved
false/ not true at any point of time, ad	mission will be deemed cancelled and I will be liable to legal action as
per guidelines of KVS and any benefit	t accrued to me or my ward shall be <b>summarily</b> cancelled.
Date:	
Place:	Signature of the Parent / Guardian
	Format for Documents Submission
Ι .	Father/Mother/of Master/Miss
(complete address) hereby decla	re that I will submit/verify all the following documents with
original at the time of admission	<u>n</u> .
1	
2	
3	
4	
5	
·	
If I will not be able submit/veri	fy the documents with originals in due time/date, then the
admission of my ward will be c	cancelled and will be liable for legal action as per the KVS
admission and benefit accrued b	by me or my ward shall be summerly cancelled.
Date:	
Place:	Signature of the Parent/Guardian