

## पिएमश्रीकेन्द्रीयविदयालयक्र- 5,भुवनेश्वर

PM SHRI KENDRIYA VIDYALAYA NO.5, BHUBANESWAR POST-MAHALAXMI VIHAR, BHUBANESWAR-751029

> WEBSITE: NO5BHUBANESWAR.KVS.AC.IN E-MAIL: KVNO5KALINGANAGAR@GMAIL.COM PHONE/FAX No.0674-2386624(0)

सीबीएसईसंबद्धता -1500046 /केवीकोड KV Code-2232



Date:05.06.2025

## **NOTICE**

Reg:Admission in toClass-XI(Humanities),Session:2025-26(FRESHADMISSION)

It is for information of all concerned that, there are few vacancies for admission in **Class-XI Humanities** for the session 2025-26. Hence applications are invited from the eligible and willing candidates for Fresh Admission in **Class-XI Humanities** for the session 2025-26. The willing and eligible candidates mayRegister(Offline Mode Only)between 06.06.2025 and 12.06.2025 (10 AMto12PM). **Eligibility:** 

1. The candidate must have passed Class-X (in thesession: 2025-26) from any recognized Board

#### **Mode of Registration**

The candidates have to download the registration form and other formats available from the Vidyalaya website: <a href="https://no5bhubaneswar.kvs.ac.in/en/admission-details/">https://no5bhubaneswar.kvs.ac.in/en/admission-details/</a> They have to take a print out of the Registration form and fill it. After filling this form, they have to submit the Registration form along with required documents mentioned below in the office between 06.06.2025 and 12.06.2025 (10 AM to 12 PM) (No other Mode of Application will be accepted). Admission will be granted only up to the sanctioned strength as per the KVS Admission Guidelines 2025-26 available in KVS Website: <a href="https://www.kvsangathan.nic.in">www.kvsangathan.nic.in</a>.

For concession in marks/percentage of marksplease refer KVS Admission Guidelines 2025-26 and submit the documents accordingly to avail such concessions.

#### Following documents to be attached:

- 1. FilledinRegistrationform
- 2. Self-attested copy of Class-XMark Sheet (Printout of the downloaded copy from Digi locker only Where there is Bar code of Digi locker)
- 3. Anyvalidcertificateclaiming concessionasmentionedin KVSAdmissionGuidelines 2025-26
- 4. ServiceCertificate-only forGovernmentEmployees (Ifapplicable)- intheattached format
- 5. Certificate From the employer only for Government Employees (If applicable) in the attached format
- 6. Self-attested copy of ValidCertificate in the name of student (SC/ST/CwSN/OBC-NCL)(Ifapplicable)–OBC-NCLCertificateshould notbe older than 3 years
- 7. Self attested copy of Valid certificate in support of participation in SGFI/State level/District level Sports Meet/Scout/Guide/NCC
- 8. SingleGirlChildAffidavit-intheenclosedformat
- 9. LocalResidenceproof(Shouldbeinthenameofeitheroftheparent) (Residential certificate/Gas connection/Electricity bill/Bank Passbook etc.)

Note:

ThisREGISTRATIONFORMisavailablefordownloading in thewebsite of KV5, BBSR <a href="https://no5bhubaneswar.kvs.ac.in/en/admission-details/">https://no5bhubaneswar.kvs.ac.in/en/admission-details/</a> Last Date for submission of filled in Registration form along with all relevant documents: 12.06.2025 (Up to 1PM)



## KENDRIYAVIDYALAYASANGATHAN KendriyaVidyalayaNo.5Bhubaneswar

## REGISTRATIONFORMFORNON-KVSTUDENTSFORADMISSION TOCLASSXI(2025-26)

| RegNo                                  | Date                  | eofReg  |            |
|--|-----------------------|---|------------|
| STREAMCHOICE:                          |                       |   | Paste your |
| (1)Humanities                          |                       |   | Latest     |
| (1)Hamanices                           | _                     |   | Photograph |
| Nameofapplicant:                       |                       |   |            |
|  |                       |   |            |
| <ol><li>SchoollastAttended:_</li></ol> |                       |   |            |
| 3. Father'sName:                       |                       |   |            |
| 4. Father'sOccupation:_                |                       |   |            |
| 5. Mother's Name                       |                       |   |            |
| 6. Mother's Occupation:                |                       |   |            |
|  |                       | guidelines <u>:</u>   |            |
| - ,                                    |                       | •   |            |
| 8. ResidentialAddress:                 |                       |   |            |
| 9. Phone/MobileNo                      | En                    | nailid  |            |
| 10. CategoryofApplicant(S              | SpecifyGen./SC/ST/CwS | N/OBC-NCL):   |            |
|  |                       | edphotocopyofcertificates in the r                                    |            |
| 11. ResultofclassX(sup                 | portedbyphotocopyofn  | narksheet) CBSER oll No   |            |
| Subject                                | Marks                 | Subject   | Marks      |
| Hindi                                  |                       | MathematicsStandard   |            |
| Sanskrit                               |                       | MathematicsBasic  |            |
| English                                |                       | Science   |            |
| SocialScience                          |                       | AnyOther  |            |
| TotalMarks                             |                       | PercentageofMarks   | %          |
|  |                       | /District levelSportsMeet/Scout, icate and give details). Specify the |            |
| (Alltake                               | ntogetherWeightage on | AggregateMarkswillnotexceeded   | 16%)       |
| eherebydeclarethattheabo               | veinformationfurnish  | ed istructothebestofourknowle   | edge.      |

Parent's Signature

Signature of Student

Date:

## SERVICE CERTIFICATE (CENTRALGOVERNMENT)

| Certified that      |                       | -                  |                         |  |              |                       | g as a           |
|---------------------|-----------------------|--------------------|-------------------------|--|--------------|-----------------------|------------------|
| regular/perma       | nent/tempora          | ary/contractua     | -                       | time/casual empl                         | •            |                       | •                |
|                     |                       |                    | in                      | this office/Minis                        | •            | the Ministr           | -                |
|                     |                       |                    | -                       | nment of India. He                       |              |                       |                  |
|                     |                       |                    |                         | ovt./Central Govt. Au                    |              |                       |                  |
| -                   |                       | nanced by the      | Central                 | Govt. His/her service                    | es are non-t | ransferable / tran    | ısferable        |
| anywhere in I       |                       |                    |                         |  |              |                       |                  |
| <u>CompleteAddi</u> | <u>ress and tele</u>  | <u>phoneNo. of</u> | theOffice               | <u>e</u>                                 |              |                       |                  |
| -                   |                       |                    |                         |  |              |                       |                  |
|                     |                       |                    |                         |  |              |                       |                  |
| Dlagge              |                       |                    |                         | Signature of Haar                        | d of the Off | ioo                   |                  |
| Place:              |                       |                    | (***                    | Signature of Head<br>thName,Designationa |              |                       |                  |
| Date:               |                       |                    | (WI                     | unvame,Designationa                      | muOmcest     | amp)                  |                  |
|                     |                       | CEDTIFIC           | ATEOE                   | NUMBEROF TRAI                            | NCFFDC       |                       |                  |
| т                   |                       | CERTIFIC           |                         | Name)                                    | ISPLEKS      |                       | (rank            |
| /designation) o     | of.                   |                    | (1                      | (Nan                                     | na of the C  | office) do hereb      | _ `              |
|                     |                       | s (Up to 31.03     | 3 2025) I               | have been transferred                    |              |                       |                  |
| figures & in v      | vords) from           | one station to     | 3.2023) 1<br>3. another | :. (If the distance betw                 | veen the for | u<br>rm and to placei | s atleast        |
|                     |                       |                    |                         | nonths then only it w                    |              |                       |                  |
| details of which    |                       |                    | y is six ii             | nonins inch only il w                    | iii be consu | ici ca as a transj    | <i>ci</i> ). The |
|                     |                       |                    | founding                | correct,mychildwillbe                    | disqualified | foradmission          | in               |
| Kendriya Vidy       |                       |                    | Touridine               | correct, my china wimes.                 | aisquaiiiica | 101441111551011       | 111              |
| ilonariya via       |                       | 75 ( 0             |                         |  | Distance     |                       | 7                |
| Office/Unit         | Date of               | Date of<br>Release | Period                  | Transferred                              | between      | TransferOrder         |                  |
| and Place           | Joiningthe<br>Office/ | from the           | ofstay<br>(in           | Office/UnitandPlace                      | the Two      | No.                   |                  |
| una i mee           | Unit                  | Office/Unit        | days)                   |  | Office(in    | 1100                  |                  |
|                     |                       |                    |                         |  | km)          | _                     | _                |
|                     |                       |                    |                         |  |              |                       |                  |
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|                     | 1                     |                    | l                       |  | · I          |                       | _                |
|                     |                       |                    |                         | Si                                       | gnatureof th | ne Parent             |                  |
|                     |                       |                    | COUNT                   | <u>TERSIGNATURE</u>                      | U            |                       |                  |
| Ι.                  |                       | (Na                | me)                     |  | (Rank/D      | Designation) of       |                  |
| - ,                 |                       | (N                 | ame of the              | ne Office/Unit/Depart                    | ment) hereb  | ov certify that the   |                  |
| particularsgive     | eninaboveha           | vebeenauther       | nticatedb               | ytherecordsheldinthed                    | officeandfou | indcorrect.           |                  |
| 1 3 3               |                       |                    | <del>-</del> ,          | ,  |              |                       |                  |
|                     |                       |                    |                         |  |              |                       |                  |
| Place:              |                       |                    |                         | Signature of Head                        | d of the Off | ice                   |                  |
| Data:               |                       |                    | (337                    | thName Designations                      |              |                       |                  |

## SERVICECERTIFICATE (STATE GOVERNMENT)

| CertifiedthatS        |  |   |                                  |   |   | is working           | as a             |
|-----------------------|--|---|----------------------------------|---|---|----------------------|------------------|
| regular/perma         | nent/tempora                             | -   | -                                | ne/casualemployeeintl                         |   | f                    |                  |
|                       |  |   |                                  | ice/Ministry/underthel                        | •   | II / C1              |                  |
| ampleyee of           | State Covit                              | / State Covit   |                                  | mentof  | 4 DCII ful                                  | . He/ Sh             | le 18 an         |
| - •                   |  |   |                                  | mous body/State Gov<br>servicesarenon-transfe |   | •                    |                  |
| CompleteAdd           | ress and tele                            | <br>phoneNo. of   | theOffice                        | <u>e</u>                                      |   |                      |                  |
|                       |  |   |                                  |   |   |                      |                  |
| Place:                |  |   |                                  | Signature of Head                             | d of the Off                                | ice                  |                  |
| Date:                 |  |   | (wi                              | thName,Designationa                           | ndOfficeSt                                  | amp)                 |                  |
|                       |  | CERTIFIC  | CATEOR                           | NUMBEROF TRAN                                 | NSFERS                                      |                      |                  |
| I                     |  |   | (1)                              | Name)   |   |                      | (rank            |
| /designation)         |  |   |                                  | (Nan  |   | office), do hereby   | certify          |
| that during the       | e past 7 years                           | s (Up to 31.03  | 3.2025) I                        | have been transferred                         | l   | ti                   | mes(In           |
|                       |  |   |                                  | :. (Ifthe distance betw                       |   |                      |                  |
|                       |  |   | ıy is six n                      | nonths then only it w                         | ill be consi                                | dered as a transf    | <i>er</i> ). The |
| details of which      | ch are given                             | as under:   | 1                                | T   | I ne i                                      | T                    | ٦                |
| Office/Unit and Place | Date of<br>Joiningthe<br>Office/<br>Unit | Date of<br>Release<br>from the<br>Office/Unit   | Period<br>of<br>stay(in<br>days) | Transferred<br>Office/UnitandPlace            | Distance<br>between<br>the Two<br>Office(in | TransferOrder<br>No. |                  |
|                       |  |   |                                  |   | km)   |                      | -                |
|                       |  |   |                                  |   |   |                      |                  |
|                       |  |   |                                  |   |   |                      |                  |
|                       |  |   |                                  |   |   |                      | -                |
|                       |  |   |                                  |   |   |                      |                  |
|                       |  |   |                                  |   |   |                      | 1                |
|                       |  |   |                                  |   |   |                      | -                |
|                       |  |   |                                  |   |   |                      |                  |
| Iknowthatifthe        | eabove-ment                              | ionedfactsare   | founding                         | correct,mychildwillbed                        | disqualified                                | foradmission in      | _                |
| Kendriya Vid          | yalaya.                                  |   |                                  | a.  | . C.1                                       | D.                   |                  |
|                       |  |   | COUNT                            | -   | gnatureof th                                | ne Parent            |                  |
| I,                    |  | COUNTERSIGNATURE  (Name) (Rank/Designation) of (Name of the Office/Unit/Department) hereby certify that the |                                  |   |   |                      |                  |
|                       |  | (N  | ame of th                        | ne Office/Unit/Departi                        | ment) hereb                                 | y certify that the   |                  |
| particularsgiv        | eninaboveha                              | vebeenauther  | nticatedb                        | ytherecordsheldintheo                         | officeandfor                                | ındcorrect.          |                  |
|                       |  |   |                                  |   |   |                      |                  |
| Place:                |  |   |                                  | Signature of Head                             | d of the Off                                | ice                  |                  |
| Date:                 |  | ·   | (xx/i                            | thName Designationa                           |   |                      |                  |

### CERTIFICATEFROMTHEEMPLOYER

(RegardingStatusofEmployment&identificationofAdmissionCategoryin KVS)

| I      | Sri/Smt./Ms.   | (Name of the Employer)   |
|--------|--|--|
| desig  | nation working   | -  |
|        | department ofdo hereby certify the (Name of the Chi  | following in respect of Sri/Smt./Ms the Employee) whose son/daughte ild) is seeking admission in Kendriya Vidyalaya No.3   |
| Bhuba  | aneswar  | no, is seeming wommester in the notifier that any all the seeming women and the seeming with the seeming women and the seeming women |
| 01     | NameoftheChildforwhomadmissionissought(inBlockLetters)   |  |
| 02     | Classinwhichadmissionissought  |  |
| 03     | Fullnameoftheemployee(inBlockLetters)  |  |
| 04     | Designationoftheemployee   |  |
| 05     | EmployeeCode/EmployeeIdentity No.  |  |
| 06     | Nameoftheofficewheretheemployeeispresentlyposted   |  |
| 07     | StatusofEmployment(WhetherPermanent/Regular/Temporary/Contractual/   |  |
|        | PartTime/Adhoc/DailyWageBasis/Casual-Tobewrittenclearly)   |  |
|        | Thisoffice/organizationisCentralGovernment/CentralGovernment   |  |
| 08     | Autonomousbody/PSUfullyorpartiallyfinancedbyGovt.ofIndia/StateGove   |  |
|        | rnment/ <b>SateGovernmentAutonomousBody</b> /PSUfullyorpartiallyfinance by the state govt. (To be written clearly)   |  |
|        | WhethertheemployeeistobeconsideredasanemployeeofCentral  |  |
|        | Government/Central Government Autonomous body/PSU fully or   |  |
| 09     | partiallyfinanced by Govt. of India/State Government/ Sate Government  |  |
| 0,     | AutonomousBody/ PSU fully or partially finance by the state govt. (Any one   |  |
|        | ofthe above tobe written clearly)  |  |
|        | Pleasewriteanyoneofthefollowingwhichisapplicablei.r.o.thechildfor  |  |
|        | whomadmissionis sought   |  |
| 10     | <ol> <li>Childrenoftransferableandnon-<br/>transferableCentralgovernmentemployees and children of ex-<br/>servicemen. This will also<br/>includechildrenofForeignNationalofficials,whocomeondeputation<br/>ortransfer to India on invitation by Govt. of India.</li> <li>Children of transferable and non-transferable employees<br/>ofAutonomousBodies/PublicSectorUndertaking/InstituteofHigherL<br/>earning of the Government of India.</li> <li>Childrenoftransferableandnon-</li> </ol> |  |
|        | transferableStateGovernmentemployees.  |  |
|        | <ul> <li>4. Children of transferable and non-transferable employees of Autonomous Bodies/PublicSectorUndertakings/InstituteofHigherL earning of the State Governments.</li> <li>5. Childrenfromanyothercategory</li> </ul>   |  |
| 11     | RecentPay/SalaryoftheEmployeewithproperSplit up  | (i) PayLevel:  |
|        |  | (vii) Total:   |
| 12     | Whethertheemployeeisdrawingtheconsolidatedpay  | YES/NO   |
| Place: |  |  |
|        |  |  |
| Date   |  | SignatureoftheCertifyingAuthoritywithSeal  |
|        |  |  |
|        |  | CompleteAddressoftheOffice:  |

TelephoneNumber:

## AFFIDAVIT FORSINGLEGIRLCHILD

Rs. 100/-Stamp Paper

(JudicialMagistrate/SDM/ExecutiveMagistrate(Notbelow therankofTahasildar)

| I                           | aged   | years , Ii           | ndian inhabitant  |
|-----------------------------|--|----------------------|-------------------|
| occupation                  |  | Resident             | of                |
|                             |  |                      | is                |
| mother/father of _          |  | Date                 | of Birth          |
|                             | submitting my undertaking to                 | the Head of the      | Institution for   |
| admissionofmydaughter       |  | inClass-             | videvide          |
| KVS Admission Guidelines 2  | 2025-26                                      |                      |                   |
| 1. I hereby declare that I  | Miss   | isthe                | eonlygirlchild in |
| my family (with no m        | ale/female sibling). I understand that it sh | all be my sole respo | onsibility to     |
| inform you about any        | changein status of SingleGirl Child in the   | family immediatel    | y, if and when    |
| it occurs.                  |  |                      |                   |
| 2. Iamalsoawarethatinca     | seitisdetectedatanytimethattheaffidavitswo   | ornbymeisfalse, app  | propriate         |
| action will be taken b      | y the school authorities and KVS against 1   | ne.                  |                   |
| Signatureof Father          | Sig  | natureof Mother      |                   |
| <u>ResidentialAddresswi</u> | ithContactNumber:                            |                      |                   |
|                             | Solemnly affirmed at:                        |                      |                   |
| This                        | (Day) of(M                                   | Ionth)of 2025 (Year  | r)                |
| Explainedand Identifi       | BEFORE ME edbyme,                            |                      |                   |

Advocate

# Pge-2/2 AFFIDAVIT FORSINGLEGIRLCHILD

| erof(SingleGirlChild)&Mother   | of (S   |
|--|---|
| g at   |   |
|  | do  |
| nly declare that we have no other child except                                       | (Name of  |
| ThatIam citizenofIndia.  |   |
| That ismvrealdau   |   |
| ghter.   |   |
| That her date of birth is  |   |
| ThatIhave aSingleDaughterand noother childin my family.                              |   |
| Thatmyabove-mentioneddaughterhasnobrother or sister.                                 |   |
| ThatIwillinform theSchoolauthority in caseanotherson ordaughter is bornin my family. |   |
| If any information or documents are found incorrect on verification, the             |   |
| admission of my ward maybetreated as canceled, Iwill not sustain any claim           |   |
| against thedecision of Principal, Kendriya Vidyalaya No.3 Bhubaneswar.               |   |
|  | ThatIam citizenofIndia.  Thatismyrealdau ghter.  That her date of birth is ThatIhave aSingleDaughterand noother childin my family.  ThatIwillinform theSchoolauthority in caseanotherson ordaughter is bornin my family.  If any information or documents are found incorrect on verification, the admission of my ward maybetreated as canceled, Iwill not sustain any claim |

Deponent