### ADMISSION DOCUMENTS:

## PM SHRI KENDRIYA VIDYALAYA KHURDA ROAD DOCUMENTS REQUIRED FOR ADMISSION IN CLASS-I, 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. Filled in Application Form for Admission The Format may be downloaded from the Vidyalaya Website.
- 2. Filled in Format for Entry in UBI Portal-Format is available in Vidyalaya Website for download & use
- Hard Coy (Print Out) of the Online Application Form: Paste the Colour Passport size photo of the child on
  it.
- Birth Certificate issued by the competent authority showing date of birth(Keep the Original for verification & attach a photocopy)
- 5. 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.
- Self-declaration about Submission of documents, the distance of the residence from KV KHURDA ROAD
   Undertaking for Caste Certificate where applicable (The format may be downloaded from the Vidyalaya Website).
- 7. Certificate of Proof of Blood Group
- 8. Valid SC/ST/OBC-NCL Certificate issued by the competent authority (Certificate in the name of either of the parents 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 03 months from the date of admission.
- OBC (Non-Creamy Layer) Certificate issued by the competent authority should not be older than three
  years. It should be issued on or after 01.04.2022
- 10. Those claiming Economically Weaker Section should submit valid documents i.e. Valid

  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. (Certificate in the name of either of the parents 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 03 months from the date of admission.

- 11. Those claiming **Below Poverty Line** should submit the following documents:
  - (a) BPL Card, if available in the name of the parent of the child, but lapsed as on date, this can be countersigned by the BDO of the locality of rural areas/Executive Officer of NAC of Municipality areas to validate the card along with Low Income Certificate/ EWS Certificate/Labour Card

OR

(b) PHH Ration Card (New) + Low Income Certificate/ EWS Certificate/Labour Card

OR

(c) Antodaya Anna Yojana Card + Low Income Certificate/ EWS Certificate/MGNREGP Job Card/Labour Card

#### **AND**

An Affidavit to the effect that as on date the Parent and his family belongs to BPL Category and Low-Income Group and all information provided about the above documents are correct.

- 12. Valid Handicapped Certificate issued by the competent authority certifying that she/he is a child with Special Needs (CwSN) those claiming CwSN.
- 13. A Service Certificate (By Government Employees) showing the number of transfers during the preceding 7 years issued by the competent authority- ORIGINAL(Those claiming Service Category 1/2/3/4) Format may be downloaded from the Vidyalaya Website
- 14. Certificate from the employer showing the Pay particulars of the employee, the status of employment and nature of the establishment ORIGINAL(Applicable only for Government employees Those claimed Service Category: 1/2/3/4) should be in the prescribed format available in Vidyalaya website
- 15. For government employees ID card issued by the employee/last month's pay slip
- 16. For Ex-Service Man Bonafide Certificate & Transfer details counter signed by the Zilla/Rajya Sainik Board or any competent authority, Copy of Discharge Book, Copy of PPO. (Copy of Discharge Book and Ex-Serviceman ID Card may be accepted).
- 17. Copy of Transfer Orders
- 18. Aadhar Card (Child, Father, Mother)
- 19. Any other documents as required by the admission committee as per the demand of the situation NOTE:
  - a. The documents from Sl. No. 1 to 7 are compulsory for all and Sl.No. 8 to 19 are for the cases where applicable.
  - b. Different Formats are available in School Website under the head "ADMISSION FORMATS" in Pdf
     may be downloaded for use.

#### **CHECK LIST OF DOCUMENTS**

#### 

#### PART-B (Documents submission by the parent)

The self-attested copy (Except cases where original is mentioned) of the following documents are submitted by me.

| Sl.<br>No. | Name of the Document   | Yes/<br>No | Remarks |
|------------|--|------------|---------|
| 1          | Filled in Application Form for Admission (Page: 1 & 2 to be printed on both sides of a single paper)   |            |         |
| 2          | Filled in Format for Entry in UBI Portal   |            |         |
| 3          | Hard Copy (Print out) of the Online Application Form   |            |         |
| 4          | Birth Certificate (Both Original & a Photocopy)  |            |         |
| 5          | Residence Proof (Mention the type in Remark column)  |            |         |
| 6          | Self-Declaration of submission of correct information and documents,<br>Distance from School to Residence  |            |         |
| 7          | Certificate of Proof of Blood Group  |            |         |
| 8          | Caste Certificate (SC/ST/OBC-NCL) – (Specify whether in the name of the child or parent in Remarks Column  |            |         |
| 9          | Undertaking (If Caste Certificate in the name of the Parent)   |            |         |
| 10         | Income & Asset Certificate for Claiming Economically Weaker Sections   |            |         |
| 11         | BPL Card/ Proof of claiming BPL (Write Names of documents in Remark Column)  |            |         |
| 12         | CwSN Certificate (Specify % of disability and type of disability in Remarks Column)  |            |         |
| 13         | Service Certificate & Certificate showing no. of transfers (ORIGINAL) (Specify category of employee i.e. state govt./central govt. etc. in Remarks Column) |            |         |
| 14         | Certificate from the employer – in prescribed format available in Vidyalaya Website (ORIGINAL)   |            |         |
| 15         | Employee ID card/Last month's pay slip (Specify Employee Code in Remarks Column)   |            |         |
| 16         | Transfer Orders (Specify number of transfers in preceding 7 years as on 31.03.2025 in the remarks column)  |            |         |
| 17         | For Ex-Service Man ID proof/Discharge Book (Specify the date of discharge in Remarks Column)   |            |         |
| 18         | For Ex-Service Man Certificate of transfers counter signed by the Authority (ORIGINAL) - (Specify no. of transfers in Remarks Column)                      |            |         |
| 19         | Aadhar Card (Child, Father, Mother)  |            |         |
| 20         | Any Other  |            |         |

Signature of the Parent with Date

#### PART-C (For the Verifying Officers)

All the documents mentioned above are submitted by the parent and verified by us from the original and found with the following Remarks. (Specify whether admission is approved or rejected in Remarks Column)

| found with the following | g Remarks. (Specify whether admissi | on is approved or rejected in Remarks Column) |
|--------------------------|-------------------------------------|---|
|                          | Verifying Officer -1                | <b>Verifying Officer-2</b>                    |
| Remarks:                 |                                     |   |

| Signature:      |               |                                 |
|-----------------|---------------|---------------------------------|
| Name & design.: |               |                                 |
|                 | I/C Admission | Counter Signed by the Principal |

### पीएम श्री केन्द्रीय विद्यालय खुर्दा रोड़ /PM SHRI KENDRIYA VIDYALAYA KHURDA ROAD

#### प्रवेश के लिए प्रार्थना पत्र /APPLICATION FOR ADMISSION

| प्रवेश संख्या / Admission No | , प्रवेश की तिथि/ Date of Admission: |  |  |  |  |
|------------------------------|--------------------------------------|--|--|--|--|
| Office Use Only              |                                      |  |  |  |  |

| omet est omy   |       |             |                       |                        |              |  |                                  |  |                         |  |
|----------------|-------|-------------|-----------------------|------------------------|--------------|--|----------------------------------|--|-------------------------|--|
| Fresh/<br>KVTV | Class | Sec<br>tion | Admission<br>Category | Social<br>Categor<br>y | Boy/<br>Girl | Minority<br>Community (If<br>Yes Religion) | Parent's<br>Deptt/<br>Occupation | Admission<br>Guidelines<br>Provision/ Para | Authority Letter<br>No. | Average Class Strength as on the date of Admission |
|                |       |             |                       |                        |              |  |                                  |  |                         |  |

To be filled by the Parent विशेषताएँ/Particulars क्रम जानकारी / Information सं.SI. No. विद्यार्थी का पूरा नाम /Name of the Student 1 जन्म तिथि/Date of Birth Year Month Days 3 आय् 31.03.2025 को/Age (As on 31.03.2025) 4 राष्ट्रीयता/Nationality माता - पिता का ब्योरा /Details of Parent 5 i माता का नाम/Mother's Name ii पिता का नाम/Father's Name माता का व्यवसाय (पद नाम)/Mother's Occupation (with iii पिता का व्यवसाय (पद नाम)/ Father's Occupation (with iv designation) कार्यालय का नाम , प्रा पता व दूरभाष संख्या/Name of Office and Full Address with Telephone Number (Father/Mother) पूर्ण आवासीय पता व दूरभाष संख्या/Full Residential Address with vi Telephone Number स्थायी घर का पता / vii Permanent House Address BasicPay:Rs. Total EmolumentsRs. वेतन 01.04.2025 को Pay as on 01.04.2025 viii 31.03.2024 तक पिछले 7 वर्षो में हुए स्थानान्तरणों की संख्या ix /Number of transfers during last 7 years as on 31.03.2025 प्रवेश की श्रेणी (माता - पिता)/Admission Category of XX Parent(I/II/III/IV/V) स्थानीय अभिभावक का पता (यदि उपयोग)/Name & Address of Local Guardian (if any & Applicable) अंतिम विद्यालय जहाँ पढ़ा हो/Name and address of the school last attended with class क्या यह केन्द्रीय विद्यालय था या मान्यता प्राप्त/अमान्यता प्राप्त विदयालय था /Whether it was Kendriya Vidyalaya/Recognized/Unrecognized School विगत परीक्षा परिणाम /Result of Last Examination & Percentage of Marks जिस कक्षा में प्रवेश चाहिए/Class to which admission is sought 10 लिये जाने वाले प्रस्तावित विषय /Subject proposed to offer क्या स्थानान्तरण प्रमाण पत्र संलग्न हैं (हां/नहीं) / Whether the 12 transfer certificate is attached (Yes/No) स्थानान्तरण प्रमाण पत्र की संख्या वो तिथि / No. & Date of 13 transfer certificate , Home Town: Mother tongue: मातृ भाषा व गृह नगर/Mother tongue & Home Town क्या विद्यार्थी अनुसूचित जाति /जनजाति/ओ.वी.सी./सामान्य से हें / Whether 15 the student belongs to Schedule Caste/Schedule Tribe/OBC/General Whether Minority Community / धर्म निर्दिष्ट करें/Specify Religion

Signature of the Parent:\_\_\_\_\_

### माता-पिता के द्वारा घोषणा / DECLARATION BY THE PARENT

में एतदद्वारा घोषणा करता / करती हूँ कि मेरे द्वारा दी गई समस्त सूचना सत्य है। मै विद्यालय नियमों से प्रतिबद्ध रहूँगा/रहूँगी। I hereby declare that the information furnished by me are correct to the best of my knowledge. I shall abide by the rules of the Vidyalaya.

| दिनांक/Da                 | te:   |                         | माता-पिता के हर    | न्ताक्षर/Signatu | are of Parents        |
|---------------------------|---|-------------------------|--------------------|------------------|-----------------------|
|                           | केवल कार्यालय के प्रयोग   | के लिए /F(              | OR THE OFFI        | ICE USE O        | <u>NLY</u>            |
| प्रमाणित र्व              | केया जाता हें कि मैंने आवेदन - प  | ात्र और सम्बद् <b>ध</b> | । कागजातों की उ    | गांच कर ली है    | Certified that I have |
| checked th                | ne application form and the relevant                                    | papers are foun         | d in order.        | Δdr              | nission In charge     |
|                           |   |                         |                    |                  | -                     |
|                           | नगजातों के निरीक्षणोंपरान्त एवं   |                         |                    |                  |                       |
| Please adn<br>relevant pa | nit<br>apers and finalise the dues.                                     | to C                    | lass: Se           | ction:           | after checking the    |
| •                         | •   |                         |                    |                  |                       |
| दिनांक/Da                 | te:   |                         |                    | प्राच            | ार्य /PRINCIPAL       |
| दाखिला टि                 | ्या गया । Admitted to Class :   | Sec                     | etion :            |                  |                       |
| प्राप्त धन                | का विवरण । Details of Fees receive                                      | ved:                    |                    |                  |                       |
| शुल्क रसी                 | द क्र.   Fee Receipt No   |                         | तिथि । Date : _    |                  |                       |
|                           | /Admission Fee : Rs   |                         |                    |                  |                       |
| वि.वि.एन.                 | शुल्क /VVN Fund : Rs  |                         | ाटर शुल्क /Comp    | uter Fund : Rs.  | ·                     |
| कम्प्याटा (               | ति चान शक्क /Computer Science Fe  | a · De                  | ਨਹ 91ਨਰ            | F / TOTAL ·      | D <sub>c</sub>        |
|                           | विज्ञान शुल्क /Computer Science Fe<br>न्थिति पंजिका में नाम दर्ज किया ग |                         |                    |                  |                       |
|                           |   | 41 Trame has o          | cen entered in the | Class / tichda   | nee Register.         |
| दिनांक/Da                 | te :  |                         |                    | कक्षा अध्याप     | क/ Class Teacher      |
| प्रमाणित १                | केया जाता हैं कि समस्त प्रविष्टिय                                       | ाँ छात्र पंजिक <u>ा</u> | में दर्ज की गयी    | एवं शुल्क का     | भ्गतान इस कार्यालय    |
|                           | ।<br>।।<br>।।<br>।।<br>।।   |                         |                    | -                | -                     |
| and the du                | es have been realised by Office/Cla                                     | ss Teacher.             |                    |                  |                       |
| विद्यार्थी व              | की छात्र पंजिका संख्या / The S.R.N                                      | No. of the studen       | t is               | Vol.             | :                     |
|                           |   |                         | •                  | •                |                       |
| दिनाक/Da                  | te:   |                         | कार्यालय           | प्रभारी /Offi    | ce In-charge          |
|                           |   | <u>फ़ाइल/F</u> ]        | <u>LE</u>          |                  |                       |
| दिनांक/Da                 | te:   |                         |                    | प्राच            | र्य/PRINCIPAL         |
|                           | CHE   | CK LIST OF D            | <u>OCUMENTS</u>    |                  |                       |
|                           | CV/ARMY TC:cuments with No. & Date of Issue:                            |                         |                    |                  |                       |
| SI.No.                    | Name of the Document  | Number                  | Date of Issue      |                  | Remarks               |
| 540.                      | realite of the Document   | TNUITIOCI               | Date of Issue      |                  | Kemarks               |
|                           |   |                         |                    |                  |                       |
|                           |   |                         |                    |                  |                       |
|                           |   |                         |                    |                  |                       |
|                           |   |                         |                    |                  |                       |
|                           |   |                         |                    |                  |                       |

## PM SHRI KENDRIYA VIDYALAYA KHURDA ROAD STUDENT INFORMATION FOR ENTRY IN UBI PORTAL

| Year of Admission in this KV   | 2025 |
|--|------|
| Admission No.  |      |
| Student Name   |      |
| Father/Guardian Name   |      |
| Mother Name  |      |
| New Admission  | Yes  |
| Class  |      |
| Section  |      |
| Admission Category (I/II/III/IV/V)   |      |
| Date of Birth (DD/MM/YYYY)   |      |
| Gender (Boy/Girl/Third Gender)   |      |
| Physically Disabled (Yes/No)   |      |
| Category (General/SC/ST/OBC-NCL)   |      |
| Minority   |      |
| BPL (Yes/No)   |      |
| Mobile Number  |      |
| Email  |      |
| Blood Group  |      |
| Aadhar No.   |      |
| Account No.  |      |
| Account label  |      |
| IFSC Code  |      |
| Select for Payment:<br>Q1(Apr-Jun)/ Q2(Jul-Sep)/Q3(Oct-Dec)/Q4(Jan-Mar)  |      |
| Eligible for Reimbursement (Yes/No)  |      |
| Admission Under RTE (Yes/No)   |      |
| Exemption under Sibling (Yes/No)   |      |
| Single Girl Child (Yes/No)   |      |
| KVS Employees Children (Yes/No)  |      |
| Emergency Assistance (Yes/No)  |      |
| Court Case (Yes/No)  |      |
| Exemption under Article 123-124<br>(NA/Full)   |      |
| Children of Armed/Para Forces whose parents killed/disabled during hostilities, operation Meghdoot and Vijay (Yes/No)                                |      |
| Children of Armed/Para Forces whose parents killed/declared missing or disabled during any counter insurgency operations in India or Abroad (Yes/No) |      |
| PM CARE (Yes/No)   |      |
| Unique Students ID (To be entered by the Class Teacher after entry)  |      |

Signature:

# SELF DECLARATION (Submission of Documents & Information)

| L                                    | age years Father /Mother  |
|--------------------------------------|---|
| of Master/Miss                       | , resident of   |
|                                      |   |
| (Complete Address) , do hereb        | y declare that the information given in admission form of the                           |
| admission in PM SHRI KEND            | RIYA VIDYALAYA KHURDA ROAD and in the enclosed  |
| documents is true to the best of m   | y 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                      |
|                                      | ned cancelled and I will be liable to punishment as per guidelines                      |
|                                      | by me or my ward will be summarily cancelled.   |
| of KVS and the benefit accrued b     | y me of my ward win be summarny cancelled.  |
| Date :                               | Signature of the Parent   |
| Place:                               | Mobile No :   |
|                                      |   |
|                                      | SELF DECLARATION  |
| (Distance from School to             | Residence) – For Candidates Selected under RTE  |
| I                                    | Ageyears Father/Mother  |
|                                      | , bearing Application   |
| Submission Code :                    | Residence address   |
| as mentioned in the Registration     | Form  |
| (Complete Address as mentioned       | in the Online Registration Form), do hereby declare that the                            |
| · •                                  | alaya INS Chilka and the above mentioned residence is                                   |
| km .                                 |   |
|                                      |   |
| Date :                               | Signature of the Parent   |
| Place:                               | Mobile No :   |
|                                      |   |
| <i>(</i> 2                           | <u>UNDERTAKING</u>  |
| (Submission                          | of SC/ST/OBC/BPL/EWS Certificate)   |
| ldaalara that I will submit the SC/S | (Name of the Parent) do hereby ST/OBC- Non-Creamy Layer/BPL/EWS issued by the competent |
| authority in the name of my child    |   |
|                                      | from the date of admission of my ward in Kendriya Vidyalaya                             |
|                                      | e same in the name of my child within this period the admission                         |
| of my ward will be summarily ca      | · · · · · · · · · · · · · · · · · · ·   |
|                                      |   |
| Date :<br>Place :                    | Signature of the Parent  Mobile No :  |
|                                      |   |

## SERVICE CERTIFICATE (CENTRAL GOVERNMENT)

| Certified that                                  | Sri/Smt         |                    |                |  | is             | working as a     |
|---|-----------------|--------------------|----------------|--|----------------|------------------|
| regular/perman                                  | nent/tempora    | ry/contractual     | l/part ti      | me/casual employee                             | e in the       | capacity of      |
|   |                 |                    | in thi         | s office/Ministry/un                           | der the        | Ministry of      |
|   |                 |                    | govern         | ment of India. He/                             | She is an      | employee of      |
| Defence Ser                                     | vice/CRPF/E     | SSF/NSG/SPC        | G/CISF/C       | Central Govt./Centra                           | al Govt.       | Autonomous       |
| body/Central g                                  | ovt. PSU full   | ly financed/pa     | artially fi    | nanced by the Central                          | Govt. His/h    | ner services are |
| non-transferabl                                 |                 | -                  | -              | -  |                |                  |
|   |                 | •                  |                | ce (in Block Letters)                          |                |                  |
|   |                 |                    |                | <u>,                                      </u> |                |                  |
|   |                 |                    |                |  |                |                  |
|   |                 |                    |                |  |                |                  |
| Place:  |                 |                    |                | Signature of Head                              | of the Offic   | e                |
| Date:   |                 |                    | (witl          | h Name, Designation a                          | and Office S   | Stamp)           |
|   |                 |                    |                |  |                |                  |
|   |                 |                    |                |  |                |                  |
|   | <u>CER</u>      | TIFICATE (         | <u>OF NUN</u>  | <u>1BER OF TRANSFE</u>                         | <u>CRS</u>     |                  |
| I   |                 |                    | (N             | Name)  |                |                  |
| (rank /designat                                 | tion) of        |                    |                |  | (Name of t     | the Office), do  |
| hereby certify                                  | that during     | g the past 7       | years          | (Up to 31.03.2025)                             | I have be      | en transferred   |
|   |                 |                    |                | ds) from one station to                        |                |                  |
|   |                 |                    |                | and the minimum pe                             |                |                  |
|   |                 |                    |                | e details of which are                         |                |                  |
|   |                 |                    | s are fou      | and incorrect, my chil                         | ld will be d   | lisqualified for |
| admission in K                                  | lendriya Vidy   | yalaya.            |                |  |                |                  |
|   | D 4 6           | D. C.              | ъ              |  | Distance       | T                |
| Office/Unit                                     | Date of Joining | Date of<br>Release | Period of stay | Transferred                                    | between        | Transfer Order   |
| and Place                                       | the Office/     | from the           | (in            | Office/Unit and Place                          | the Two        | No.              |
|   | Unit            | Office/Unit        | days)          |  | Office (in km) |                  |
|   |                 |                    |                |  | KIII)          |                  |
|   |                 |                    |                |  |                |                  |
|   |                 |                    |                |  |                |                  |
|   |                 |                    |                |  |                |                  |
|   |                 |                    |                |  |                |                  |
|   |                 |                    |                |  |                |                  |
|   |                 |                    |                |  |                |                  |
|   |                 |                    |                |  |                |                  |
|   |                 | L                  |                |  |                |                  |
|   |                 |                    |                |  |                |                  |
|   |                 |                    |                | Sign   | nature of the  | e Parent         |
|   |                 |                    |                | <u>IGNATURE</u>                                |                |                  |
| I ,   |                 | (Nar               | ne)            |  |                | Designation) of  |
|   |                 | (Nai               | me of the      | : Office/Unit/Departm                          | ent) hereby    | certify that the |
|   | en in above     | have been au       | thenticat      | ted by the records hel                         | d in the of    | fice and found   |
| correct.  |                 |                    |                |  |                |                  |
|   |                 |                    |                |  |                |                  |
| Dlagge  |                 |                    |                | Cionatura of II.a. 1                           | of the Office  | 20               |
| Place:<br>Date:                                 |                 |                    | (xxit1         | Signature of Head<br>h Name Designation :      |                |                  |
| Date: (with Name, Designation and Office Stamp) |                 |                    |                |  |                |                  |

## SERVICE CERTIFICATE (STATE GOVERNMENT)

| Certified that S                                |                      |                  |                   |  |                     | working as a          |
|---|----------------------|------------------|-------------------|--|---------------------|-----------------------|
| regular/perman                                  |                      |                  | in this           | me/casual employee<br>office /Ministry /<br>overnment of | under the           | Ministry of           |
| is an amplayaa                                  | of State Cox         | rt / Stata Gar   |                   |  |                     |                       |
|   |                      |                  |                   | nomous body/State Go                                     |                     | •                     |
|   | •                    | nanced by the    | ne state          | Govt. His/her service                                    | es are non          | -transferable /       |
| transferable any                                |                      | 1 1              | 11 OCC            |  |                     |                       |
| Complete Adar                                   | <u>ess ana tetej</u> | onone No. 01     | tne Offi          | ce (In Block Letters)                                    |                     |                       |
|   |                      |                  |                   |  |                     |                       |
|   |                      |                  |                   |  |                     |                       |
| Dlagge  |                      |                  |                   | Ciamatuma of Haad  | of the Offic        |                       |
| Place:  |                      |                  | (xvitl            | Signature of Head h Name, Designation a                  |                     |                       |
| Date:   |                      |                  | (WIU              | ii Nailie, Designation a                                 | illa Office c       | otamp)                |
|   |                      |                  |                   |  |                     |                       |
|   | CFD'                 | TIFICATE (       | OF NIIN           | IBER OF TRANSFE  | 'DC                 |                       |
|   | CER                  | THE CATE O       | <u> </u>          | IDEN OF TRANSFE  |                     |                       |
| Ι   |                      |                  | (N                | Name)  |                     |                       |
| (rank /designat                                 |                      |                  |                   |  | \                   | he Office), do        |
| hereby certify                                  |                      |                  |                   | (Up to 31.03.2025)                                       |                     |                       |
|   |                      |                  |                   | ds) from one station to                                  |                     |                       |
|   |                      |                  |                   | and the minimum pe                                       |                     |                       |
| then only it wil                                | l be considei        | red as a trans   | <i>sjer)</i> . Th | e details of which are                                   |                     | der:                  |
|   | Date of              | Date of          | Period            |  | Distance<br>between |                       |
| Office/Unit and Place                           | Joining the Office/  | Release from the | of                | Transferred Office/Unit and Place                        | the Two             | Transfer Order<br>No. |
| and Flace                                       | Unit                 | Office/Unit      | stay(in<br>days)  | Office/Offic and Frace                                   | Office (in          | INO.                  |
|   |                      | 0                | 22.03.27          |  | km)                 |                       |
|   |                      |                  |                   |  |                     |                       |
|   |                      |                  |                   |  |                     |                       |
|   |                      |                  |                   |  |                     |                       |
|   |                      |                  |                   |  |                     |                       |
|   |                      |                  |                   |  |                     |                       |
|   |                      |                  |                   |  |                     |                       |
|   |                      |                  |                   |  |                     |                       |
|   |                      |                  |                   |  |                     |                       |
|   |                      |                  |                   |  |                     |                       |
| 11 41 4 104                                     | 1                    | 4: 1.0 4         | <u> </u>          | 1' 4 1'11  | '11 1 1'            | 1.6. 1.6              |
|   |                      |                  | are foun          | d incorrect, my child v                                  | viii be disqi       | ualified for          |
| admission in K                                  | endriya vady         | alaya.           |                   |  |                     |                       |
|   |                      |                  |                   | Sign   | nature of the       | e Parent              |
|   |                      | COU              | NTER S            | IGNATURE   |                     |                       |
| I,  |                      | (Nan             | ne)               |  | (Rank/D             | esignation) of        |
|   |                      | (Naı             | me of the         | · Office/Unit/Departm                                    | ent) hereby         | certify that the      |
| particulars give                                | en in above          | have been au     | thenticat         | ted by the records hel                                   | d in the off        | fice and found        |
| correct.  |                      |                  |                   |  |                     |                       |
|   |                      |                  |                   |  |                     |                       |
| D1  |                      |                  |                   | a  | 0.1 0.27            |                       |
| Place:  |                      |                  | ,                 | Signature of Head  |                     |                       |
| Date: (with Name, Designation and Office Stamp) |                      |                  |                   |  |                     |                       |

#### CERTIFICATE FROM THE EMPLOYER

#### (Regarding Status of Employment & identification of Admission Category in KVS)

| I Sr    | ri/Smt./Ms.  | (Name of the Employer) ,   |  |  |  |  |  |  |  |  |
|---------|--|--|--|--|--|--|--|--|--|--|
| designa | ation working  | in the office of   |  |  |  |  |  |  |  |  |
|         | department of  | , government of  |  |  |  |  |  |  |  |  |
|         | do hereby certify the followin   |  |  |  |  |  |  |  |  |  |
|         | (Name of the   | Employee) whose son/daughter ld) is seeking admission in PM SHRI |  |  |  |  |  |  |  |  |
| Kendri  | iya Vidyalaya KHURDA ROAD.   | id) is seeking admission in Twi Strict                           |  |  |  |  |  |  |  |  |
| 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 body/PSU fully or partially financed by Govt. of India/State  |  |  |  |  |  |  |  |  |  |
| 08      | 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 by Govt. of India/State Government/ Sate Government Autonomous  |  |  |  |  |  |  |  |  |  |
|         | Body/ PSU fully or partially finance by the state govt. (Any one of the above to be  |  |  |  |  |  |  |  |  |  |
| 09      | 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   |  |  |  |  |  |  |  |  |  |
|         | Children of transferable and non-transferable Central government employees and children of ex- servicemen.   |  |  |  |  |  |  |  |  |  |
|         | 2. Children of transferable and non-transferable employees of  |  |  |  |  |  |  |  |  |  |
| 1.0     | Autonomous Bodies / Public Sector Undertaking/Institute of Higher Learning of the Government of India.   |  |  |  |  |  |  |  |  |  |
| 10      | 3. Children of transferable and non-transferable State Government  |  |  |  |  |  |  |  |  |  |
|         | employees.   |  |  |  |  |  |  |  |  |  |
|         | <ol> <li>Children of transferable and non-transferable employees of<br/>Autonomous Bodies/ Public Sector Undertakings/Institute of Higher</li> </ol> |  |  |  |  |  |  |  |  |  |
|         | 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.   | (i) Pay Level:   |  |  |  |  |  |  |  |  |
|         |  | (ii) Pay:  |  |  |  |  |  |  |  |  |
|         |  | (iii) DA:  |  |  |  |  |  |  |  |  |
| 11      | Recent Pay/Salary of the Employee with proper Split up   | (iv) HRA:  |  |  |  |  |  |  |  |  |
|         |  | (v) Any Other  |  |  |  |  |  |  |  |  |
|         |  | (vi) Any Other:  |  |  |  |  |  |  |  |  |
|         |  | (vii) Total:   |  |  |  |  |  |  |  |  |
| 12      | Whether the employee is drawing the consolidated pay   | YES / NO   |  |  |  |  |  |  |  |  |
|         |  |  |  |  |  |  |  |  |  |  |

Place: \_\_\_\_\_\_ Date: \_\_\_\_\_