



## REGISTRATION FORM FOR ADMISSION IN "KV NO. 1 SRINAGAR" SESSION: 2024-25

(For Office use only)

Reg. No: \_\_\_\_\_ Class: \_\_\_\_\_ Adm Cat: \_\_\_\_\_ No. Transfer: \_\_\_\_\_

Gen/ SC/ST/OBC/EWS/BPL /PH: \_\_\_\_\_

A recent passport size  
photograph to be  
attached

☞ WhatsApp No. of the Parent:  
(Must be replied within 48 hours for  
verification of the registration form)

1.	Class Applied :			
2.	परा नाम /Full Name :			
3.	जन्मतिथि /Date of Birth (in figure) :			
4.	जन्मतिथि /Date of Birth (in words) :			
5.	आयु/Age as on 31-03-2024	Years	Months	Days
6.	लिंग /Gender (Male /Female/Third Gender):			
7.	परिवार का आय / वर्ग-Family Income Group (EWS*/BPL*) :			
8.	दिव्यांग /Differently Abled (Yes/No) :			
9.	जाति वर्ग /Caste Category : (SC/ST/OBC (NCL) /GEN/			
10.	बच्चे का आधार क्रमांक यदि उपलब्ध है / Aadhar Number (if available) :			
11.	रक्त समूह /Blood Group :			धर्म / Religion : _____

Details of Parents		Mother's Details	Father's Details
12.	Full Name :		
13.	Nationality :		
14.	Residential Address :		
15.	Distance from KV (in KM) :		
16.	Personal Mobile Number :*		
17.	Occupation :		
18.	Organization :		
19.	Official Address:		
20	Email :		
21.	Select the parent whose Service Category and Transfers are to be considered for Admission :	<input type="checkbox"/> Father <input type="checkbox"/> Mother	
22.	<b>Service Category of the parent: (1 /2 /3 /4 /5).</b> 1- Central Govt.*      2. Central Govt. Auto.*    3. State Govt.* 4. State Govt. Auto.*    5. Private / Others	<small>*Refer Annexure D for detailed service category.</small>	
23.	Whether parent has been transferred in last 7 years from 01 Apr 2016 onwards:	<input type="checkbox"/> YES <input type="checkbox"/> NO	
24.	If Yes, Number of transfers in Last 7 years. Duly signed Annexure D is to be attached in such case.		
25.	Annual income :		

I hereby declare that I have read and understood the KVS admission guidelines 2024-25. All information provided by me in the registration form are true, complete and correct to the best of my knowledge and belief. I also declare that later if any documents or information being found invalid/untrue/incorrect, the admission of my ward will be cancelled by the Kendriya Vidyalaya Authority without assigning any reasons thereof and agree to abide by the rules, regulation and procedures of admission in Kendriya Vidyalaya. The original documents are required to be presented to the schools at the time of admission, if offered.

Full Name: \_\_\_\_\_

Signature of the Father / Mother / Guardian

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

**Service Certificate (State Govt.)**

**Certified that Shri/Smt**

.....,

**(Designation) ..... is working as regular employee in the office /Department of ..... . He/She is a regular employee of State Govt. /State Govt. Autonomous Body/ Public Sector undertaking fully financed by Govt. and his/her services are nontransferable/transferable anywhere in the State.**

**Complete address: .....**

.....

.....

**Telephone No. of office: .....**

**Signature of Head of the Office/DDO**

**(Office Stamp)**

**Name: .....**

**Date: .....**

.....

**Designation:**

**Place: .....**

**Contact**

**No:.....**

**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 regular employee in the office**

**/Ministry of ..... He/She is a regular employee of**

**Defence/CRPF/BSF/NSG/SPG/CISF/Central Govt. /Central Govt. Autonomous Body/ Public Sector undertaking fully financed by Govt. and his/her services are nontransferable/transferable anywhere in India.**

**Complete address: .....**

.....

.....

**Telephone No. of office: .....**

**Signature of Head of the Office/DDO**

**Name: .....**

**Date:**

**..... Designation: .....**

**Place: .....**

**Contact**

**No:.....**

**(Office Stamp)**

**Note\*:**

**2. 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/ designation) is a Permanent employee of

..... (Complete office address).

**The Transfer**

details of the employee during the past 7 years (from 01.04.2017 onwards) as per the service records is furnished as under:

**Note: An employee would be treated as transferred only if he/she has been transferred (during the past 7 years) by the competent authority from one place to another place which is at a distance of at least 20 kms and minimum period of stay at a place should be 6 months (180 days).**

S. No.	Place of Posting (Transfer From)	Dates of Stay		Period of stay in Months	Transferred to: (Place)	Distance between two Places (KM)	Office Order No.
		From (ddmm-yyyy)	To (dd-mmyyyy)				
1							
2							
3							
4							
5							
6							
7							
8							
9							

**I know that if the above-mentioned facts are found incorrect, my child will be disqualified for admission in Kendriya Vidyalaya.**

**Signature of Head of the Office/DDO**

**(Office Stamp)**

**Name:** .....

**Date:** ..... **Designation:** .....

**Place:** ..... **Contact No:**.....