

पीएम श्री केन्द्रीय विद्यालय सोनपुर/PM SHRI KENDRIYA VIDYALAYA SONEPUR

प्रवेश के लिए प्रार्थना पत्र /APPLICATION FOR ADMISSION

प्रवेश संख्या / Admission No. _____, प्रवेश की तिथि/ Date of Admission: _____

Office Use Only

Fresh/ KV TC/ Other TC	Class	Section	Admission Category	Social Category	Boy/ Girl	Parent's Dept/ Occupation	Admission Guidelines Provision/ Para	Authority Letter No.

To be filled by the Parent ↓

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

Signature of the Parent: _____

**PM SHRI KENDRIYA VIDYALAYA SONEPUR
STUDENT INFORMATION FOR ENTRY IN UBI PORTAL**

Year of Admission in this KV	2025
Admission No.	00
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: <small>Q1(Apr-Jun)/ Q2(Jul-Sep)/Q3(Oct-Dec)/Q4(Jan-Mar)</small>	
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 (NA/Full)	
<small>Children of Amed/Para Forces whose parents killed/disabled during hostilities, operation Meghdoot and Vijay</small>	
<small>Children of Amed/Para Forces whose parents killed/declared missing or disabled during any counter insurgency operations in India or Abroad</small>	
Unique Students ID <small>(To be entered by the Class Teacher after entry)</small>	

Signature:

1. Parent

2. I/c Admission

3. Class Teacher

SELF DECLARATION
(Submission of Documents & Information)

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 Sonapur and in the enclosed 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, admission has to be deemed cancelled and I will be liable to punishment as per guidelines of KVS and the benefit accrued by me or my ward will be summarily cancelled.

Date : _____ Signature of the Parent
Place : _____ Mobile No : _____

SELF DECLARATION
(Distance from School to Residence) – For Candidates Selected under RTE

I _____ Father /Mother of Master/Miss
_____ age _____ years , bearing Application
Submission Code : _____ Residence address
as mentioned in the Registration Form

_____ (Complete Address as mentioned in the Offline
Registration Form) , do hereby declare that the distance between Kendriya Vidyalaya Sonapur
and the above mentioned residence is _____ km .

Date : _____ Signature of the Parent
Place : _____ Mobile No : _____

UNDERTAKING
(Submission of SC/ST/OBC/BPL/EWS Certificate)

I _____ (Name of the Parent) do hereby
declare that I will submit the SC/ST/OBC- Non-Creamy Layer/BPL/EWS issued by the
competent authority in the name of my child _____ (Name
of the Child) within 03 (Three) months from the date of admission of my ward in Kendriya
Vidyalaya Sonapur. If I fail to submit the same in the name of my child within this period the
admission of my ward will be summarily cancelled.

Date : _____ Signature of the Parent
Place : _____ Mobile No : _____

**SERVICE CERTIFICATE
(CENTRAL GOVERNMENT)**

Certified that Sri/Smt. _____ is working as a regular/permanent/temporary/contractual/part time/casual employee in the capacity of _____ in this office/Ministry/under the Ministry of _____ government of India. He/ She is an employee of Defence Service/CRPF/BSF/NSG/SPG/CISF/Central Govt./Central Govt. Autonomous body/Central govt. PSU fully financed/partially financed by the Central Govt. His/her services are non-transferable / transferable anywhere in India.

Complete Address and telephone No. of the Office

Place: _____

Signature of Head of the Office

Date: _____

(with Name, Designation and Office Stamp)

CERTIFICATE OF NUMBER OF TRANSFERS

I _____ (Name) _____ (rank /designation) of _____ (Name of the Office), do

hereby certify that during the past 7 years (Up to 31.03.2025) I have been transferred _____ times (In figures & in words) from one station to another. ***(If the distance between the form and to place is at least 20 kms and the minimum period of stay is six months then only it will be considered as a transfer)***. The details of which are given as under:

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

Office/Unit and Place	Date of Joining the Office/Unit	Date of Release from the Office/Unit	Period of stay (in days)	Transferred Office/Unit and Place	Distance between the Two Office (in km)	Transfer Order No.

Signature of the Parent

COUNTER SIGNATURE

I, _____ (Name) _____ (Rank/Designation) of _____ (Name of the Office/Unit/Department) hereby certify that the particulars given in above have been authenticated by the records held in the office and found correct.

Place: _____

Signature of Head of the Office

Date: _____

(with Name, Designation and Office Stamp)

**SERVICE CERTIFICATE
(STATE GOVERNMENT)**

Certified that Sri/Smt. _____ is working as a regular/permanent/temporary/contractual/part time/casual employee in the capacity of _____ in this office /Ministry /under the Ministry of _____ government of _____. He/ She is an employee of State Govt. / State Govt. Autonomous body/State Govt. PSU fully financed by the State Govt./partially financed by the state Govt. His/her services are non-transferable / transferable anywhere in _____.

Complete Address and telephone No. of the Office

Place: _____

Signature of Head of the Office

Date: _____

(with Name, Designation and Office Stamp)

CERTIFICATE OF NUMBER OF TRANSFERS

I _____ (Name) _____ (rank /designation) of _____ (Name of the Office), do hereby certify that during the past 7 years (Up to 31.03.2025) I have been transferred _____ times (In figures & in words) from one station to another. *(If the distance between the form and to place is at least 20 kms and the minimum period of stay is six months then only it will be considered as a transfer)*. The details of which are given as under:

Office/Unit and Place	Date of Joining the Office/Unit	Date of Release from the Office/Unit	Period of stay(in days)	Transferred Office/Unit and Place	Distance between the Two Office (in km)	Transfer Order No.

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

Signature of the Parent

COUNTER SIGNATURE

I, _____ (Name) _____ (Rank/Designation) of _____ (Name of the Office/Unit/Department) hereby certify that the particulars given in above have been authenticated by the records held in the office and found correct.

Place: _____

Signature of Head of the Office

Date: _____

(with Name, Designation and Office Stamp)

CERTIFICATE FROM THE EMPLOYER

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

I Sri/Smt./Ms. _____ (Name of the Employer) ,
 designation _____ working in the office of
 _____ department of _____ , government of
 _____ do hereby certify the following in respect of Sri/Smt./ Ms.
 _____ (Name of the Employee) whose son/daughter
 _____ (Name of the Child) is seeking admission in Kendriya
 Vidyalaya Sonapur.

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)	
08	This office/organization is 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. (To be written clearly)	
09	Whether the employee is to be considered as an employee of Central Government/ <i>Central Government Autonomous body</i> /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 written clearly) <i>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.</i>	
10	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 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	Recent Pay/Salary of the Employee with proper Split up	(i) Pay Level : _____ (ii) Pay : _____ (iii) DA : _____ (iv) HRA : _____ (v) Any Other _____ (vi) Any Other : _____ (vii) Total :
12	Whether the employee is drawing the consolidated pay	YES / NO

Place: _____
 Date: _____

Signature of the Certifying Authority with Seal

Complete Address of the Office with Telephone Number: