PM SHRI KENDRIYA VIDYALAYA NO-1, BHUBANESWAR (1ST/2ND Shift)

FOR OFFICE USE:
Registration No.....
Class.....
Category.....
Checked By .....
Verified By .....
Remarks.....

SESSION 2026-27

*Registration for class*_____ *RTE / EWS / DA / KVS*

1. Name of the child in Full (In Capital letters) _____

2. Sex: - Male ☐ Female ☐ Third Gender ☐

3. Date of Birth (in figures) Day ☐ Month ☐ Year ☐

4. Date of Birth (in words) _____

5. Age as on 31.03.2026: - years_____ month_____days_____

6. Blood Group of the child with Rh factor: - ☐

7. The Category to which the child belongs (please tick): -

8. Aadhar number of the child: _____

Photograph of the child (Passport size)

Gen	SC	ST	OBC	EWS	BPL	Diff. Abled	Single girl Child
☐	☐	☐	☐	☐	☐	☐	☐

9. Parents Details

Sl.	Details of Mother/Father	Mother	Father
1	Name (In capital Letters)		
2	Nationality		
3	Occupation		
4	Name of Office and address (only for Govt. Employees)		
5	Full Local residential address with Phone/Mobile No. (with proof)		
6	Distance from KV (in kms)		
7	Basic Pay (for Govt. employees only)		
8	No. of Transfers (last 7 yrs. as on 31.3.2026)		
9	Category of Parents**		
10	Employee code		
11	Mobile Number		
12	E-Mail		

*Note: -** Category of parents: Central Govt. Transferable employees: - Cat-1. Central Govt. autonomous bodies/PSU: Cat-2. State Govt. Transferable/non-transferable employees Cat-3. State Govt. autonomous bodies/State Govt. Undertaking cat-4. Private Job/business/self-employed-Cat-5.*

I Certify that the above entries are true to the best of my knowledge.

Date:-_____ Full Name and Signature of Parent_____

FORMAT OF SERVICE CERTIFICATE(FOR Central Govt Employees)

Certified that Shri/Smt._____is working as regular employee in the office/Ministry of_____. He/she is a regular employee of Defence Service/CRPF/BSF/NSG/SPG/CISF/Central Govt./Autonomous Body/PSU fully financed/partially financed by Central Govt. and his/her services are non transferable/transferable anywhere in India.

Place_____

Date_____ Sign & Name in Block Letters and designation of head of the Office with Stamp

Address & Telephone No. of the Office_____

FORMAT OF SERVICE CERTIFICATE(FOR State Govt Employees)

Certified that Shri/Smt._____is working as regular employee in the office/Ministry of_____and his/her services are non transferable/transferable anywhere in the State.

Place_____

Date_____ Sign & Name in Block Letters and designation of head of the Office with Stamp

Address & Telephone No. of the Office_____

CERTIFICATE FOR NO. OF TRANSFERS

I_____ , _____rank/designation of _____(office) do hereby certify that the past 7 years(upto 31.03.2026). I have been transferred_____times(in figures and words) from one station to another, the details of which are given as under:-

Sl.No	Office/Unit	Place	Rank/Desig.	Date		Period of Stay	Order No.
				From	To		
1							
2							
3							
4							
5							
6							
7							

I know that if the above mentioned facts are found incorrect, my child will be disqualified for admission in PM SHRI Kendriya Vidyalaya No. 1 Bhubaneswar.

Sign of parent_____

Countersignature by the Department Concerned authenticating the above transfers

I,_____,_____(rank/designation) of _____(unit/department) hereby certify that the particulars given in above have been authenticated by the records held in the office and found correct.

Place_____

Date_____

Sign & Name in Block Letters and designation of head of the Office with Stamp

Address & Telephone No. of the Office_____