SERVICE CERTIFICATE (for Central Govt. employees)

Certified that Shri/Smt							
Date:					Signature	. of the head of office	
				(With Date, Name , Designation and Office stamp)			
		Complete address and Telephone No of Office					
		SERVICE CERTIFICA	ATE (for Sta	te Govt. emplo	yees)	_	
	fied that Shri/Smt is working in the Minis						
Office of		He/ She is a reg	ular employe	ee of State Gove	ernment transferable a	anywhere in the state.	
Date:					Signature	e. of the head of office	
				(With	Date, Name , Designat	cion and Office stamp)	
				Co	omplete address and T	elephone No of Office	
		CERTIFICATE (OF NUMBER	OF TRANSFERS			
place is six mo I, Smt/Shri of	t/Shri (Name) (office), do hereby certify that during the past 7 years (i.e. of 1.04.2018 to 31.03.2025), I have been transferred times (in figure & in word) from one station						
to another. The details	of which are giv	ven as under.					
I know that if the above (Name of child) will be							
					S	ignature of the Parent	
S Office/Unit and Place N	Date of Joining the Office/Unit	Date of Release from the Office/Unit	Period of stay (in Months)	Transferred Office/Unit and Place	Distance between the Two Office (in km)	Transfer Order No.	
2							
3							
4							
5							
		COL	 JNTER SIGN <i>A</i>	ATURE			
I		(Name)		(rank/designation) of		
		nent) hereby certify			bove have been author	enticated by the	
records held in the office	ce and found to	be correct.					
				(Signature	of the Head of the Off	ice with Office Stamp)	
Contact number of the	authority/office	2:					

CERTIFICATE FROM THE DDO/COMPETENT AUTHORITY

I Sri/S	mt./Ms		(Name of the Employer/DDO)
, des	signation working in the	e office o	of
department of , government of			do hereby certify the
follow	ring in respect of Sri/Smt./Ms		(Name of the Employee)
whose	e son/daughter	(Name of the Child) is seeking admission
	SHRI Kendriya Vidyalaya Aska. The information furnished		
record	ds of the employee.		
	I		
01	Full name of the employee (in Block Letters)		
02	Designation of the employee		
03	Employee Code / Employee Identity No.		
04	Name of the office where the employee is presently		
04	posted		
	Whether Permanent/Regular/Temporary/Contractual/ Part		
05	Time/ Adhoc /Daily Wage Basis/Casual (To be written		
	clearly)		
	This office/organization is Central Government /Central		
	Government Autonomous body/PSU fully or partially		
06	financed by Govt. of India/State Government/ Sate		
	Government Autonomous Body/ PSU fully or partially		
	finance by the state govt. (To be written clearly)		
07 Recent Pa		(i)	Basic Pay:
		(ii)	Grade Pay / Level :
	Recent Pay/Salary of the Employee with proper Split up	(iii)	DA:
	The second of th	(iv)	HRA :
		(v)	Any Other
		(vi)	Any Other:
08	Whether the employee is drawing the consolidated pay		YES / NO
	<u> </u>	<u> </u>	
Place	:		
	·		
		Signature	of the Certifying Authority with Seal
Office	e Seal		
			Complete Address of the Office:
		er:	
	Office E-mail ID:		