Kendriya Vidyalaya Nuapada Check List of Documents for Admission (2025-26)

1.	Registration / Application Number :	
2.	Name of Student :	
3.	Name of Parent :	
SN	Documents	Submitted / Not Submitted
1	Print Copy of Online Registration Form	, , ,
2	Copy of Declaration & Undertaking in Annexure-I	
3	Original & Attested copy of birth certificate issued by the authority competent to register births.	
4	Original & Attested copy of SC/ST/OBC-NCL certificate in the name of child (if applicable)	
5	Original & Attested copy of EWS Certificate issued by competent authority (if applicable)	
6	Original & Attested copy of present residence proof.	
7	Original Service certificate of Parent, Certificate of Number of Transfer & Certificate from Employer. (for Service Category 1,2,3,4) (Annexure-III, IV, V, VI)	
8	Proof of Ex-Serviceman (if applicable)	
9	Copy of Transfer Orders (if applicable)	
10	Attested copy of first page of Service Book. (for Service Category 1,2,3,4)	
11	Attested Copy of latest salary/pay slip. (for Service Category 1,2,3,4)	
12	Attested copy of Aadhar card of child and parent/ ID-card	
13	Attested Copy of blood group report of child.	
14	Original & Attested copy of CwSN/differently abled certificate of child as per RPWD Act 2016 (if applicable)	
15	Original copy of Non family accommodation certificate / Posting of field area certificate issued from competent authority (for Military / Paramilitary services) (if applicable.) (Annexure-VII)	
16	UDISE+ PEN (Permanent Education Number) of child from previous school if the child was studying in another school.	
17	School Transfer Certificate duly countersigned by competent authority. (For Class II & above)	
Place &	& Date : Full Signature of Father	r / Mother / Guardian
Verific	eation Remarks :	
	Signature	

Name & designation:

ANNEXURE I

Self-Declaration

I	, Father/Mother of Master/Miss
	years, resident of
admission true to the aware of the admi	(complete address), do hereby declare that the information given in the on form of the admission in Kendriya Vidyalaya, Nuapada and in the enclosed documents is the best of my knowledge and belief and nothing has been concealed therein. I am well the fact that if the information given by me is proved false / not true at any point of time, assion has be deemed cancelled and will be liable to punishment as per guidelines of KVS benefit accrued by me or my ward shall be summarily cancelled.
Date:	Signature of Parent
Place:	
	UNDERTAKING NO. I
Master/N not be a academi	been clarified to me by the Vidyalaya Administration that once my son/ daughter fliss who is being admitted to Class will allowed for transfer to any other Kendriya Vidyalaya before completion of at least one consistency session in this Vidyalaya unless the parent is transferred to a new station after the control of the child to which I shall have no objection.
Date:	Signature of Parent
	UNDERTAKING NO. II
his/her a	is entered in the Vidyalaya records at the time of admission in the Vidyalaya; it will not be changed at any later stage. Any application d by me or any request made to this effect to the Vidyalaya Administration will not be ted at any future stage to which I shall have no objection.
Date :	Signature of Parent
DE	CLARATION BY PARENT REGARDING DISTANCE OF VIDYALAYA FROM RESIDENCE
	hereby declare that, the distance of my residence from Kendriya Vidyalaya a is KMs (KMs).
Date :	Signature of Parent

सेवा प्रमाणपत्र / SERVICE CERTIFICATE

(केंद्र सरकार / CENTRAL GOVERNMENT)

प्रमाणित किया जाता है कि श्री/श्रीमती _	पद
	कार्यालय/मंत्रालय में कर्मचारी के रूप में कार्यरत हैं । व
5	/ असम रायफ़ल्स/ आई टी बी पी/ सीमा सुरक्षा बल एन एस जी/ एस पी जी खिल भारतीय सेवा/ केन्द्र सरकार स्वायत्त संस्था अथवा सार्वजनिक क्षेत्र वे
उपक्रम जो कि पूर्ण या आंशिक रूप से (% सरकारी अंश का प्रतिशत) केन्द्र सरकार से वित्त-पोषित है, के नियमित
कर्मचारी हैं तथा उनकी सेवाएँ अस्थानांतरणीय/ पू	र्ण भारत में कहीं भी स्थानांतरणीय है।
Certified that Shri/Smt	; i
working in the office/ Ministry of	He/She is a
regular employee of Defence Service/ITB	P/ CRPF/ BSF/ NSG/ SPG/ CISF/ SSB/ Assam Rifles/ DRDO
Central Government/ AIS/ Autonomous Be	ody/ Public Sector Undertaking fully financed/ partially financed
(% percentage of Govt. share)	by Central Government and his/ her services are non-transferable
transferable anywhere in India.	
कर्मचारी का पदनाम / Designation of employee : _	
मूल वेतन/ Basic Pay : वेतन	स्तर/ Pay Level :
स्थान / Place:	कार्यालय अध्यक्ष के हस्ताक्षर/ Signature of Head of the Office
दिनांक / Date :	नाम / Name :
	पद / Designation
	कार्यालय के मोहर / Office Stamp
कार्यालय का पूर्ण पता और दूरभाष संख्या/ Complete	Address & telephone Number of the Office:
The first of the complete	reduces a telephone realiser of the office.

सेवा प्रमाणपत्र / SERVICE CERTIFICATE

(राज्य सरकार / STATE GOVERNMENT)

प्रमाणित किया जाता है कि श्री/श्रीमती	पद
	कार्यालय/ मंत्रालय/ राज्य सरकार स्वायत्त संस्था अथव
सार्वजनिक क्षेत्र के उपक्रम जो कि पूर्ण या आंशिक रूप से	(% अंश का प्रतिशत) राज्य सरकार से वित्त-पोषित है, वे
नियमित कर्मचारी के रूप में कार्यरत हैं तथा उनकी सेवार	रुँ अस्थानांतरणीय/पूर्ण राज्य में कहीं भी स्थानांतरणीय है ।
Certified that Shri/Smt	; is
working as a regular employee in the	Office/ Ministry of
Autonomous Body/ PSU fully financed/ partia	ally financed (% percentage of Govt. Share
by the State Government and his/ her servi	ces are non-transferable/ transferable anywhere in the
State.	
कर्मचारी का पदनाम / Designation of Employee :	
मूल वेतन/ Basic Pay : वेतन स्तर/ Pa	ny Level :
	THE STORY TO THE STORY OF THE S
स्थान / Place:	कार्यालय अध्यक्ष के हस्ताक्षर/ Signature of Head of the Office नाम / Name :
दिनांक / Date :	पद / Designation
	कार्यालय के मोहर / Office Stamp
कार्यालय का पूर्ण पता और दूरभाष संख्या/ Complete Addre	ss & telephone Number of the Office:

स्थानांतरण संख्या प्रमाणपत्र / CERTIFICATE OF NUMBER OF TRANSFERS

मैं				(कर्मचारी का न	ाम)	(पद नाम)
		(कार्यालय)	, एतद द्वारा प्रमा			ल (31/03/2025 तक) में
				स्थानांतरण हुए जिनका		
of			(office/uni	it), do hereby certi	fy that during t	(designation) he past Seven Years
_			d	times (in word	ds) from one st	ation to another, the
details of whic	n are given as अवधि दिनांक से /	under. अवधि दिनांक तक /	ठहरने की अवधि /	स्थान तक / Transferred	दूरी (किमी)/	स्थानांतरण आदेश संख्या /
Office/Unit &	Date of Joining	Date of Release	Period of Stay	Office/Unit & Place	Distance	Transfer Order No.
Place	the Office/Unit	from the	(in months)		between the two	
		Office/Unit			Office (in KM)	
(टिप्पणी/Note:	एक स्थान पर ठहः	रने की अवधि कम से	ो कम छः मास होन	ी चाहिए। Period of p	osting/stay at a	place must be at least
six months and	distance of tran	sferred place mu	ust be at least 2	20 KMs.)		
				अथवा बाद में) ग़लत पाए ई अपील नहीं की जाएगी।		न्द्रीय विद्यालय में प्रवेश के
I know that if the	e above-mentio	ned facts are fo	und incorrect a	t any stage (at the ti	me of admission	or later), my child will
be disqualified for	or admission in	Kendriya Vidyal	aya. No appeal	will be made by me	to any Authority	in this regard.
स्थान / Place:					माता/पिता व	के हस्ताक्षर
दिनांक / Date :					Signature of	of Parent (Employee)
		प्रतिहर	स्थाक्षर/ Co	untersignature		
_						
मैं		(नाम)			(पदनाम)	लेया गया है व सही पाया
	द द्वारा प्रमाणित	करता / करती हूं ी	के उपरोक्त विषय	विवरण को कार्यालय-	-आलेखों से जाची	लेया गया है व सही पाया
गया है । 1				(Name	;)	(Designation)
				•	,	n in above have been
authenticated by	the records he				particulars give	ii iii uoove nuve oeen
स्थान / Place:			7	कार्यालय अध्यक्ष के द्रस्त	गक्षर/ Sionature (of Head of the Office
दिनांक / Date : _				_	-	
				•	_	1
					कार्यालय के	मोहर / Office Stamp
कार्यालय का पूर्ण प	गता और दूरभाष	संख्या/ Complete	Address & tele	ephone Number of th	e Office:	

CERTIFICATE FROM THE EMPLOYER

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

I, Sri/Smt./Ms(
working in the office ofdepartment	nt of,Government of
do hereby certify the following in respect of Sri/Smt.	(Name of the Employee)
whose son/daughter	
in Kendriya Vidyalaya Nuapada.	
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	
O7 Status of Employment (Whether Permanent/ Regular/ Temporary /Contractual /Part Time/ Adhoc/ Daily Wage Basis/ Casual / Any Other)	
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 financed by the State Govt.	
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 written clearly)	
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 Regular 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.	
Recent Pay/Salary of the Employee with proper Split up	(i) Pay Level :
Whether the employee is drawing the consolidated pay (Yes / No)	
Place :	<u> </u>
Date :	Signature of Certifying Authority with Seal
Complete Address of the Office with Telephone Number:	

No Family Accommodation Certificate

It is certified that Mr / Mrs	Designation / Rank & No
is posted at (place)	which is
non-family station / field on insurgency area / where	family accommodation has not been provided
He/ She has not kept his / her family in this station. His /	Her family is presently staying in the following
address.	
Signature of issuing authority	
Name :	
Designation/ Rank :	
Office Seal	
Office Address with Contact No	