

Kendriya Vidyalaya Nuapada
Check List of Documents for Admission (2026-27)

1. Registration / Application Number : _____
2. Name of Student : _____
3. Class in which admission is sought : _____
4. 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/EWS/BPL certificate in the name of child (if applicable)	
5	Original & Attested copy of present residence proof.	
6	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)	
7	Proof of Ex-Serviceman, i.e. I-Card, Retirement Proof, Pension Proof (if applicable)	
8	Copy of Transfer Orders (if applicable)	
9	Attested copy of first page of Service Book. (for Service Category 1,2,3,4)	
10	Attested Copy of latest salary/pay slip. (for Service Category 1,2,3,4)	
11	Attested copy of Aadhar card of child and parent/ ID-card	
12	Attested Copy of blood group report of child.	
13	Original & Attested copy of CwSN/differently abled certificate of child as per RPWD Act 2016 (if applicable)	
14	UDISE+ PEN (Permanent Education Number) of child from previous school if the child was studying in another school.	
15	For Class-II-X School Transfer Certificate duly countersigned by competent authority.	
16	For Class XI-XII School Transfer Certificate, Migration Certificate, Conduct Certificate from the school last studied.	
17	2 Passport size coloured photo of child.	

Place & Date : _____

Full Signature of Father / Mother / Guardian

Verification Remarks : _____

Signature

Name & designation: _____

ANNEXURE I

Self-Declaration & Undertaking

I, Mr / Mrs _____ father/mother of _____
age _____ years, resident of _____ on
admission of my ward in Class _____ in Kendriya Vidyalaya Nuapada, do hereby undertake
that:

- The information given in the admission form of the admission in Kendriya Vidyalaya, Nuapada 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, the admission has be deemed cancelled and will be liable to punishment as per guidelines of KVS and the benefit accrued by me or my ward shall be summarily cancelled.
- I will not apply for transfer certificate of my ward before completion of at least one academic session in this Vidyalaya, unless the parent is transferred to a new station after the admission of the child to which I shall have no objection.
- I have been made to understand that once the date of birth of my ward is entered in the Vidyalaya records at the time of his/her admission in the Vidyalaya; it will not be changed at any later stage. Any application submitted by me or any request made to this effect to the Vidyalaya Administration will not be entertained at any future stage to which I shall have no objection.
- I will abide by the rules and regulations of Kendriya Vidyalaya Sangathan which is amended from time to time.
- I hereby declare that, the distance of my residence mentioned in admission form is _____KMs (in words: _____ KMs) from Kendriya Vidyalaya Nuapada.

Date: _____

Signature of Father / Mother

Name : _____

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। वे
 रक्षा सेवा/ केन्द्रीय रिज़र्व पुलिस बल/ एस एस बी/ असम रायफ़ल्स/ आई टी बी पी/ सीमा सुरक्षा बल एन एस जी/ एस पी जी/ एस
 पी जी सी आई एस एफ़/ डी आर डी ओ/ अखिल भारतीय सेवा/ केन्द्र सरकार स्वायत्त संस्था अथवा सार्वजनिक क्षेत्र के 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/ पूर्ण भारत में कहीं भी स्थानांतरणीय है।

Certified that Shri/Smt _____ Designation _____; is working
 in the office/ Ministry of _____. He/She is a regular
 employee of Defence Service/ITBP/ CRPF/ BSF/ NSG/ SPG/ CISF/ SSB/ Assam Rifles/ DRDO/ Central
 Government/ AIS/ Autonomous Body/ 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: _____

दिनांक / Date : _____

कार्यालय अध्यक्ष के हस्ताक्षर/ Signature of Head of the Office

नाम / Name : _____

पद / Designation _____

कार्यालय के मोहर / Office Stamp

कार्यालय का पूर्ण पता और दूरभाष संख्या/ Complete Address & telephone Number 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 अथवा
 सार्वजनिक क्षेत्र के उपक्रम जो कि पूर्ण या आंशिक रूप से (_____% अंश का प्रतिशत) राज्य सरकार से वित्त-पोषित है, के
 नियमित कर्मचारी के रूप में कार्यरत हैं तथा उनकी सेवाएँ अस्थानांतरणीय/पूर्ण राज्य में कहीं भी स्थानांतरणीय है।

Certified that Shri/Smt _____ Designation _____; is working
 as a **regular employee** in the Office/ Ministry of _____/ Autonomous Body/
 PSU fully financed/ partially financed (_____% percentage of Govt. Share) by the State Government
 and his/ her services are non-transferable/ transferable anywhere in the State.

कर्मचारी का पदनाम / Designation of Employee : _____

मूल वेतन/ Basic Pay : _____ वेतन स्तर/ Pay Level : _____

स्थान / Place: _____

दिनांक / Date : _____

कार्यालय अध्यक्ष के हस्ताक्षर/ Signature of Head of the Office

नाम / Name : _____

पद / Designation _____

कार्यालय के मोहर / Office Stamp

कार्यालय का पूर्ण पता और दूरभाष संख्या/ Complete Address & telephone Number of the Office:

स्थानांतरण संख्या प्रमाणपत्र / CERTIFICATE OF NUMBER OF TRANSFERS

मैं _____ (कर्मचारी का नाम) _____ (पद नाम)
 _____ (कार्यालय), एतद द्वारा प्रमाणित करता / करती हूँ कि पिछले सात साल (31/03/2026 तक) में
 एक स्थान से दूसरे स्थान पर मेरे _____ (शब्दों में) स्थानांतरण हुए जिनका विवरण नीचे दिया गया है।

I _____ (name) _____ (designation) of
 _____ (office/unit), do hereby certify that during the past Seven Years (up to
 31.03.2026), I have been transferred _____ times (in figures & in words) from one station to another,
 the details of which are given as under.

क्र.सं. S.N.	कार्यालय / यूनिट Office/Unit	स्थान Place	रैंक/पदनाम Rank / Designation	दिनांक/Date Period of Stay		ठहरने की अवधि / Period of Stay	स्थानांतरण आदेश संख्या / Transfer Order No.	स्थान तक / Transferred Office/Unit & Place	दूरी (किमी)/ Distance between the two Office (in KM)
				से/From	तक/To				

(टिप्पणी/Note: एक स्थान पर ठहरने की अवधि कम से कम छः मास होनी चाहिए। Period of posting/stay at a place must be at least six months and distance of transferred place must be at least 20 KMs.)

मैं जानता/जानती हूँ कि यदि उपरोक्त तथ्य किसी भी स्तर पर (प्रवेश के समय अथवा बाद में) गलत पाए गए तो मेरा बच्चा केन्द्रीय विद्यालय में प्रवेश के लिए अयोग्य घोषित हो जाएगा। इस संबंध में मेरे द्वारा किसी प्राधिकारी से कोई अपील नहीं की जाएगी।

I know that if the above-mentioned facts are found incorrect at any stage (at the time of admission or later), my child will be disqualified for admission in Kendriya Vidyalaya. No appeal will be made by me to any Authority in this regard.

स्थान / Place: _____

दिनांक / Date : _____

माता/पिता के हस्ताक्षर

Signature of Parent (Employee)

प्रतिहस्ताक्षर/ Countersignature

मैं _____ (नाम) _____ (पदनाम) _____ (कार्यालय),
 एतद द्वारा प्रमाणित करता/करती हूँ कि उपरोक्त विषय विवरण को कार्यालय-आलेखों से जांच लिया गया है व सही पाया गया है।

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

स्थान / Place: _____

दिनांक / Date : _____

कार्यालय अध्यक्ष के हस्ताक्षर/ Signature of Head of the Office

नाम / Name : _____

पद / Designation _____

कार्यालय के मोहर / Office Stamp

कार्यालय का पूर्ण पता और दूरभाष संख्या/ Complete Address & telephone Number of the Office:

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. _____ (Name of the Employee)
 whose son/daughter _____ (Name of the Child) is seeking admission in
 Kendriya Vidyalaya Nuapada.

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 / Any Other)	
08	This office/organization is Central Government/ Central Government Autonomous Body/ PSU fully or partially financed by Govt. of India/ State Government/ State Government Autonomous Body/ PSU fully or partially financed by the State Govt.	
09	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/ State Government Autonomous Body/ PSU fully or partially finance by the State Govt. (Any one of the above to be written clearly)	
10	Please write any one of the following which is applicable i.r.o. the child for whom admission is sought. - Children of Transferable and Non-transferable Central Government Employees and children of Ex- servicemen. - Children of transferable and non-transferable employees of Autonomous Bodies / Public Sector Undertaking/Institute of Higher Learning of the Government of India. - Children of transferable and non-transferable State Government Regular Employees. - Children of transferable and non-transferable employees of Autonomous Bodies/ Public Sector Undertakings/Institute of Higher Learning of the State Governments. - 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) Total : _____
12	Whether the employee is drawing the consolidated pay (Yes / No)	

Place : _____

Date : _____

Signature of Certifying Authority with Seal

Complete Address of the Office with Telephone Number: _____