

पीएम श्री केन्द्रीय विद्यालय, क्र.१ बारिपदा

लक्ष्मीपोषि, मयूरभंज-७५७१०७

वेबसाइट: [www.baripada.kvs.ac.in](http://www.baripada.kvs.ac.in)

ई-मेल : [principalkvbpd@gmail.com](mailto:principalkvbpd@gmail.com)

दूरभाष : 06792- 278221

CBSE AFFILIATION No.-1500019

AN AUTONOMOUS BODY UNDER MINISTRY OF EDUCATION, GOVT. OF INDIA



PM SHRI Kendriya Vidyalaya, No.1 Baripada

Laxmiposi, Mayurbhanj, 757107

Website: [www.baripada.kvs.ac.in](http://www.baripada.kvs.ac.in)

E-mail Id: [principalkvbpd@gmail.com](mailto:principalkvbpd@gmail.com)

Phone : 06792-278221

CBSE School code-19097

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दिनांक: 07.04.2025

## **ADMISSION NOTICE FOR CL- X & XII ( CAT-1 & CAT-2)**

**Regarding Vacancies and Registration for fresh admission in Class-X & XII for the session: 2025-2026**

There are few tentative vacancies in Class X and XII for the session 2025-26. Registration for fresh admissions, in Class X and XII will be started from 07.04.2025 (Monday) to 18.04.2025 (Friday) in **offline** mode only. The duly filled in Registration form along with required documents needs to be submitted to the office of the Principal between 07.04.2025 and 18.04.2025 (09.00 AM to 11:00 AM) on all working days.

### **Mode of Registration**

The parents have to download the registration form and other formats attached with this notice. They have to take a print out of the Registration form and fill it. After filling this form, they have to submit the Registration form along with required documents mentioned below in the office between 07.04.2025 and 18.04.2025 (09:00 AM to 11:00 AM) (**No other Mode of Application will be accepted**). Admission will be granted up to the sanctioned strength only as per the KVS Admission Guidelines 2025-26 available in KVS Website [www.kvsangathan.nic.in](http://www.kvsangathan.nic.in).

### **Eligibility for Admission**

1. The child has been in the same course of studies i.e. in a CBSE affiliated school.
2. For Class X, the child must have obtained not less than 55% marks in aggregate in class IX. The age of the child must 14 years but less than 16 years as on 31 March 2025.
3. For admission to class XII, 55% marks in class XI examination is mandatory.
4. The child should otherwise be eligible as per KVS Admission Guidelines. The combinations of subjects opted by the student (Registered with CBSE in Class-IX/XI) are available in PM SHRI Kendriya Vidyalaya No-1, Baripada.
5. **Fresh Admission will be for Priority category I and II only.**

### **Note:**

**Priority Category-I:** Children of Transferable and Non-transferable Central Government Employees and children of Ex-servicemen.

**Priority Category-II:** Children of transferable and non-transferable employees of Autonomous Bodies/Public Sector Undertaking/Institute of Higher Learning of the Government of India.

### **Following documents to be attached:**

1. Filled in Registration form
2. Self-attested copy of the Date of Birth Certificate issued by the competent authority.
3. TC from the school last attended.
4. Copy of Registration Card of Class: IX/XI
5. Progress Report Card of Class: IX/XI
6. Service Certificate and Transfer details in the attached format. Certificate from the Employer (In the attached format). Salary Slip of last Month,
7. Valid Caste Certificate (SC/ST/OBC-NCL) (If applicable)
8. Aadhar Card of the Child and the Parents.
9. Local Residence proof
10. Any other documents applicable.

For any query contact the Admission Helpdesk at:

Email ID- [admissionkvbpd@gmail.com](mailto:admissionkvbpd@gmail.com)

PRINCIPAL



केन्द्रीय विद्यालय

सम्भाग

Kendriya Vidyalaya

Region

शैक्षिक सत्र/ Academic Session : 2025-26

## प्रवेश पंजीकरण-प्रपत्र/ REGISTRATION FORM

Class:

Registration No. :

Paste Latest  
Passport Size  
Photograph of  
the Child

1. विद्यार्थी का पूरा नाम (स्पष्ट शब्दों में) : .....  
Name of the Child (In Capital Letters) : .....
2. लिंग/Gender : पुरुष/Male ( ) स्त्री/Female ( ) तृतीय लिंग/Third Gender ( )
3. जन्म-तिथि / Date of Birth : .....  
(अंकों में/In figures) : दिन/Day   मास/Month   वर्ष/Year      
(शब्दों में/In words) : .....
4. 31.03.2025 तक आयु/Age as on 31.03.2025: वर्ष/Year   मास/Month   दिन/Day    
(01.04.2025 को भी स्वीकार किया जाएगा/ 01.04.2025 will also be considered)
5. बच्चे का रक्त समूह (आर एच फैक्टर सहित)/Blood Group of the Child (With RH Factor):
6. बच्चे की संबंधित श्रेणी : 

| Gen                  | SC                   | ST                   | OBC-CL               | OBC-NCL              | EWS                  | BPL                  | CwSN                 |
|----------------------|----------------------|----------------------|----------------------|----------------------|----------------------|----------------------|----------------------|
| <input type="text"/> | <input type="text"/> | <input type="text"/> | <input type="text"/> | <input type="text"/> | <input type="text"/> | <input type="text"/> | <input type="text"/> |

  
Category of the Child :
7. यूडाइज़ पेन (स्थायी शिक्षा संख्या)/UDISE PEN (Permanent Education Number), (if available):.....
8. अपार आईडी (उपलब्ध होने पर)/ APAAR ID (if available):.....
9. आधार नंबर (उपलब्ध होने पर)/Aadhar Number (If available): .....

## 10. माता-पिता का विवरण/ Details of Mother &amp; Father:

| क्र. सं.<br>S.N. | विवरण/Particulars   | माता/Mother | पिता/Father |
|------------------|---|-------------|-------------|
| i.               | नाम (स्पष्ट शब्दों में)<br>Name in CAPITAL Letters  | :<br>:      | :<br>:      |
| ii.              | राष्ट्रियता/ Nationality  | :           | :           |
| iii.             | व्यवसाय /Occupation   | :           | :           |
| iv.              | कार्यालय का नाम, पूरा पता एवं दूरभाष<br>Name of Office, Full Address<br>& Telephone Number  | :           | :           |
| v.               | पूर्ण आवासीय पता एवं दूरभाष<br>Full Address & Telephone No.   | :           | :           |
| vi.              | विद्यालय से दूरी (कि.मी. में)<br>Distance from the Vidyalaya (In K.M.)  | :           | :           |
| vii.             | वार्षिक आय /Annual Income   | :           | :           |
| viii.            | पिछले सात वर्षों में स्थानांतरणों की संख्या<br>No. of Transfers during last 07 years<br>(As on 31.03.2025)  | :           | :           |
| ix.              | माता-पिता की सेवा श्रेणी (केविस के प्रवेश दिशा-<br>निर्देशिका 2025-26 के अनुसार)<br>Service Category of the Parent (As per<br>KVS Admission Guidelines 2025-26) | :           | :           |
| x.               | कर्मचारी कोड (यदि है तो)/Emp. Code (If any)   | :           | :           |
| xi.              | ई-मेल आई डी /e-Mail ID  | :           | :           |

अभिभावक के हस्ताक्षर/Sign. of Guardian

दिनांक/Date:

पृष्ठ संख्या/Page 1 of 4

## स्थानांतरण संख्या प्रमाण-पत्र/ CERTIFICATE OF NUMBER OF TRANSFERS

मैं, .....(नाम) .....(पदनाम).....(कार्यालय),  
एतद द्वारा प्रमाणित करता/करती हूँ कि पिछले सात वर्षों में (31.03.2025 तक) मैं, एक स्थान से दूसरे स्थान पर मेरे .....  
.....(अंकों व शब्दों में) स्थानांतरण हुए हैं, जिनका विवरण इस प्रकार है:

I,.....(Name).....(Designation).....  
(Office), do hereby certify that during the past 07 years (Up to 31.03.2025), I have been  
transferred..... times (in figures, and in words) from one station to another,  
the details of which are as under:

| क्र. सं.<br>S.N. | कार्यालय/यूनिट<br>Office/Unit | स्थान<br>Place | रैंक/पदनाम<br>Rank/Designation | दिनांक/Date<br>Period of Stay |       | ठहरने की अवधि<br>Period of Stay | स्थानांतरण<br>आदेश संख्या<br>Transfer<br>Order No. |
|------------------|-------------------------------|----------------|--------------------------------|-------------------------------|-------|---------------------------------|--|
|                  |                               |                |                                | से/From                       | तक/To |                                 |  |
| 1                |                               |                |                                |                               |       |                                 |  |
| 2                |                               |                |                                |                               |       |                                 |  |
| 3                |                               |                |                                |                               |       |                                 |  |
| 4                |                               |                |                                |                               |       |                                 |  |
| 5                |                               |                |                                |                               |       |                                 |  |
| 6                |                               |                |                                |                               |       |                                 |  |
| 7                |                               |                |                                |                               |       |                                 |  |

(टिप्पणी/Note: स्थानांतरण की गणना हेतु 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 for the purpose of transfer-count.)

### अभिभावक/संरक्षक द्वारा उद्धोषणा /Undertaking by the Parent/Guardian

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.

माता-पिता के हस्ताक्षर

Signature of Parent

### प्रति-हस्ताक्षर/Countersigned

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

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

कार्यालय अध्यक्ष के हस्ताक्षर

(नाम, पद और कार्यालय की मोहर सहित)

स्थान/Place.....

Signature of Head of the Office

दिनांक/Date.....

(With Name, Designation & Office Stamp)

कार्यालय का पूर्ण पता एवं दूरभाष संख्या/Complete Address and telephone number of the  
office:.....  
.....

**सेवा प्रमाण-पत्र/ SERVICE CERTIFICATE**  
**(केन्द्र सरकार/Central Government)**

प्रमाणित किया जाता है कि श्री/श्रीमती.....पद.....  
.....कार्यालय/मंत्रालय में कर्मचारी के रूप में कार्यरत हैं। वे रक्षा सेवा/केन्द्रीय रिजर्व पुलिस बल/एस एस बी/असम रायफल्स/आई टी बी पी/सीमा सुरक्षा बल एन एस जी/एस पी जी/एस पी जी सी आई एस एफ/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.

कार्यालय अध्यक्ष के हस्ताक्षर  
(नाम, पद और कार्यालय की मोहर सहित)  
Signature of Head of the Office  
(With Name, Designation & Office Stamp)

स्थान/Place.....  
दिनांक/Date.....

कार्यालय का पूर्ण पता एवं दूरभाष संख्या: .....  
Complete Address and telephone number of the office: .....  
.....

**सेवा प्रमाण-पत्र/ 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.

कार्यालय अध्यक्ष के हस्ताक्षर  
(नाम, पद और कार्यालय की मोहर सहित)  
Signature of Head of the Office  
(With Name, Designation & Office Stamp)

स्थान/Place.....  
दिनांक/Date.....

कार्यालय का पूर्ण पता एवं दूरभाष संख्या/ Complete Address and telephone number of the office: .....  
.....  
.....

## सेवा-कालीन मृत्यु प्रमाण-पत्र/DIED IN HARNESS CERTIFICATE

(केवल केन्द्र सरकार के कर्मचारियों के लिए/Only for Central Government Employees)

प्रमाणित किया जाता है कि कुमार/कुमारी .....स्वर्गीय श्री/श्रीमती  
.....के पुत्र/पुत्री हैं जो .....  
(कार्यालय/विभाग) में सेवारत थे/थीं और उनका देहावसान सेवाकाल की अवधि में दिनांक .....को हो गया था।

Certified that Master/Miss..... is the son/ daughter of  
Late Shri/Smt..... who was a regular employee of  
.....(Office/Department) and he/she died in harness  
(while in service) on .....(date).

स्थान/Place.....

दिनांक/Date.....

कार्यालय अध्यक्ष के हस्ताक्षर  
(नाम, पद और कार्यालय की मोहर सहित)

Signature of Head of the Office

(With Name, Designation & Office Stamp)

कार्यालय का पूर्ण पता एवं दूरभाष संख्या: .....

Complete Address and telephone number of the office: .....

.....

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## प्रवेश पंजीकरण पावती/Receipt of Registration for Admission

केन्द्रीय विद्यालय/Kendriya Vidyalaya.....

पंजीकरण संख्या/Registration No.....

शैक्षिक सत्र 2025-26 के लिए (बच्चे का नाम)....., कक्षा ..... में प्रवेश हेतु पंजीकरण-प्रपत्र  
दिनांक..... को अभिभावक/संरक्षक (नाम) .....से प्राप्त हुआ।

नोट: इस प्रपत्र का जमा होना प्रवेश की गारंटी नहीं देता है।

For the academic session 2025-26, the Registration Form for admission of  
(Child's Name) .....to Class ..... was received on  
(Date).....from the parent/guardian [Name].....

Note: Submission of this form does not guarantee admission.

हस्ताक्षर एवं मोहर  
(प्राचार्य / Principal)

दिनांक/Date:

पृष्ठ संख्या/Page 4 of 4

**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 (in Block Letters)**

Place: \_\_\_\_\_  
Date: \_\_\_\_\_

Signature of Head of the Office  
(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: \_\_\_\_\_  
Date: \_\_\_\_\_

Signature of Head of the Office  
(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 PMS

KV NO-1, BARIPADA

|    |   |   |
|----|---|---|
| 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 <b>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)</b>   |   |
| 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/ Sate Government Autonomous Body/ PSU fully or partially finance by the state govt. (Any one of the above to be written clearly)<br><br><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 | <b>Please write any one of the following which is applicable i.r.o. the child for whom admission is sought</b><br><br>1. Children of transferable and non-transferable Central government employees and children of ex- servicemen.<br>2. Children of transferable and non-transferable employees of Autonomous Bodies / Public Sector Undertaking/Institute of Higher Learning of the Government of India.<br>3. Children of transferable and non-transferable State Government employees.<br>4. Children of transferable and non-transferable employees of Autonomous Bodies/ Public Sector Undertakings/Institute of Higher Learning of the State Governments.<br>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 : _____<br>(ii) Pay : _____<br>(iii) DA : _____<br>(iv) HRA : _____<br>(v) Any Other _____<br>(vi) Any Other : _____<br>(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: