पीएम श्री केन्द्रीय विद्यालय,क्र.१ बारिपदा
लक्ष्मीपोषि, मयूरभंज-७५७१०७

www.baripada.kvs.ac.in
ई-मेल : principalkvbpd@gmail.com
दूरभाष : 06792- 278221

PM SHRI Kendriya Vidyalaya,No.1 Baripada
Laxmiposi,Mayurbhanj,757107
वेबसाइट:www.baripada.kvs.ac.inWebsite:

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CBSE AFFILIATION No.-1500019
CBSE School code-19097
AN AUTONOMOUS BODY UNDER MINISTRY OF EDUCATION, GOVT. OF INDIA

पत्र.संख्या:F.2-6/के.वि.बारिपदा/2026-27/ दिनांक:27.04.2026

NOTICE

Reg: Admission in to Class-XI (Science), Session: 2026-27 (FRESH ADMISSION)

It is for information of all concerned that, some vacancies are likely to arise for admission into Class-XI (Science) for the session 2026-2027. Hence, in anticipation of few vacancies, applications are invited from the eligible and willing candidates for Fresh Admission in to Class-XI (Science) for the session 2026-2027. The willing and eligible candidates may register (Mode of Registration is appended below) from **27.04.2026 to 02.05.2026 (8 AM to 10 AM)** on all working days.

Eligibility:

1. The candidate must have passed Class-X (in the session: 2025-2026) from any recognized Board.

Mode of Registration

The candidates need to download the registration form and other formats available on the Vidyalaya website: www.baripada.kvs.ac.in. They may take a print out of the Registration form and fill it. ***After filling this form, they need to submit the Registration form along with required documents mentioned below in the office from 27.04.2026 to 02.05.2026 on all working days (8 AM to 10 AM) (No other Mode of Application will be accepted).*** Admission will be granted only up to the sanctioned strength as per the KVS Admission Guidelines 2026-2027 available in KVS Website: www.kvsangathan.nic.in. For concession in marks/percentage of marks please refer KVS Admission Guidelines 2026-27 and submit the documents accordingly to avail such concession. The actual vacancy will be notified after admitting students of PM SHRI KV No-1, Baripada and KV Murgabadi.

Following documents to be attached while submitting the Registration Form:

1. Filled in Registration form.
2. Self-attested copy of Class-X Mark Sheet (Printout of the downloaded copy from Digilocker only – Where there is Barcode of Digilocker)
3. Any valid certificate claiming concession as mentioned in KVS Admission Guidelines 2026-2027
4. Service Certificate – only for Government Employees (If applicable) in the attached format
5. Certificate From the employer – only for Government Employees (If applicable) in the attached format
6. Valid Caste Certificate (SC/ST/OBC-NCL) (If applicable) – OBC-NCL Certificate should not be older than 3 years
7. Local Residence proof (Should be in the name of either of the parent) – In case of rented house Rent Agreement along with electricity bill of the owner.

Note: 1. This REGISTRATION FORM is available for downloading in the website of PM SHRI KV No-1, Baripada:

www.baripada.kvs.ac.in ***Registration Starts on : 27.04.2026 Registration ends on : 02.05.2026***

Registration starts on : 27.04.2026 (MONDAY)
Registration Ends on : 02.05.2026 (SATURDAY)
Declaration of Final List (Tentative) : 05.05.2026 (TUESDAY)

27/04/2026

(L. D. S YADAV)
Principal

प्राचार्य / Principal
पीएम श्री केन्द्रीय विद्यालय/ PM SHRI Kendriya Vidyalaya
बारिपदा / Baripada
लक्ष्मीपोषि / Laxmiposi
ओडिशा/Odisha, Pin-757107

PM SHRI KENDRIYA VIDYALAYA NO-1, BARIPADA

REGISTRATION FORM FOR ADMISSION IN TO CLASS – XI-SCIENCE FOR NON-KV STUDENTS

SESSION: 2026-2027

1	Name of the Student		
2	Mother's Name		
3	Father's Name		
4	Date of Birth		
5	Sex [Girl / Boy]		
6	Caste Category (Gen./SC/ST/OBC/CwSN) (Attach Certificate)		
7	Service Category (Centra Govt-I/Central PSU-II/State Govt-III/ State PSU-IV/ Other than Category-I,II,III,IV- they have to write Category-V) (Attach Certificate for Govt. Service)		
8	Contact Number (Mobile & WhatsApp) & Email Id:		
9	Name of the School from where passed Class-X Examination	Name of School: Name of Board(CBSE/ICSE/BSE): Roll No:	
10	Total marks obtained out of 500 in Class-X Examination (Two Languages + Best Three Subjects out of four)	Total Marks = Percentage =	Attach copy of the downloaded mark statement
11	Participation in Sports & games (tick & attach copy of the certificate)	1. At SGFI or Equivalent level	
		2. KVS National or National level	
		3. KVS Regional or District level	
12	Participation in NCC (tick & attach copy of the certificate)	1. 'A' Certificate and participation in RD parade / PM Rally	
		2. 'A' Certificate and best cadet in District/State level	
		3. 'A' Certificate	
13	Participation in Scouting & Guiding (tick & attach copy of the certificate)	1. Rashtrapati Puraskar Award	
		2. Rajya Puraskar Award with 07 proficiency badges	
		3. Tritiya Sopan with 05 proficiency badges	
14	Participation in Adventure activity	Yes / No (if yes, attach certificate)	

Choice of Subject

	Science Stream
Compulsory Subjects	1. English Core 2. Physics 3. Chemistry
Optional Subjects (tick any 1 subject/combination of subjects)	1. Mathematics& Biology 2. Mathematics & Computer Science 3. Biology and Hindi Core

Undertaking

I, _____ Father/Mother of _____ do hereby undertake that the choice of the stream and subject opted by us is final and will not be changed. We understand that subjects will be allotted as per the combination of subjects available in the KV.

Date : / /2026 [Full signature of the Student] [Full signature of the Parent]

For Office use only

Date of receipt of the registration form: / /2026

1	Percentage of aggregate of five subjects(Two Languages + Best Three Subjects out of four)	
2	Concession awarded in aggregate percentage	
	A. Games & Sports, NCC, Scouting & Guiding, Adventure Activities	
3	Upgraded Percentage (4% in aggregate) to SC/ST/OBC/CWsN candidates	
4	Total Qualifying concession percentage (2 or 3 which is maximum)	
	Total percentage for merit list (1+4)	
Please refer to Part-C, Para-11 of KVS Admission Guidelines 2026-27 (Page No. 17& 18)		

Signature of the scrutinizing officer **Signature of the I/C Admission**

[Signature of the Principal]

केन्द्रीय विद्यालय _____ सम्भाग _____

Kendriya Vidyalaya _____ Region _____

शैक्षिक सत्र/ Academic Session : 2026-27

Paste Latest Passport Size Photograph of the Child

प्रवेश पंजीकरण-प्रपत्र/ REGISTRATION FORM

Class: | **Registration No. :**

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. 31.03.2026 तक आयु/Age as on 31.03.2026: वर्ष/Year [ ][ ] मास/Month [ ][ ] दिन/Day [ ][ ]
   (01.04.2026 को भी स्वीकार किया जाएगा/ 01.04.2026 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 : Category of the Child :

Gen	SC	ST	OBC-CL	OBC-NCL	EWS	BPL	CwSN

7. यूडाइज़ पैन (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 & Father:

क्र. सं. S.N.	विवरण/Particulars	माता/Mother	पिता/Father
i.	नाम (स्पष्ट शब्दों में) Name in CAPITAL Letters	: :	: :
ii.	राष्ट्रीयता/ Nationality	:	:
iii	व्यवसाय /Occupation	:	:
iv	कार्यालय का नाम, पूरा पता एवं दूरभाष Name of Office, Full Address & Telephone Number	:	:
v	पूर्ण आवासीय पता एवं दूरभाष Full Address & Telephone No.	:	:
vi	विद्यालय से दूरी (कि.मी. में) Distance from the Vidyalaya (In K.M.)	:	:
vii	वार्षिक आय /Annual Income	:	:
viii	पिछले सात वर्षों में स्थानांतरणों की संख्या No. of Transfers during last 07 years (As on 31.03.2026)	:	:
ix	माता-पिता की सेवा श्रेणी (केविसं के प्रवेश दिशा-निर्देशिका 2026-27 के अनुसार) Service Category of the Parent (As per KVS Admission Guidelines 2026-27)	:	:
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:

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

_____

_____

Place: _____ Signature of Head of the Office
Date: _____ (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 31.03.2026) 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 PMS KV NO-1,BARIPADA.

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: _____ Signature of Head of the Office
Date: _____ (with Name, Designation and Office Stamp)

SERVICE CERTIFICATE
(STATE 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 _____. He/She is an employee of State Govt. / State Govt. Autonomous body/State Govt. PSU fully financed by the State Govt./partially financed by the state Govt. His/her services are non-transferable / transferable anywhere in _____.

Complete Address and telephone No. of the Office

_____

_____

Place: _____ Signature of Head of the Office
Date: _____ (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 31.03.2026) 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***:***

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.

I know that if the above mentioned facts are found incorrect, my child will be disqualified for admission in PM ShRI KV NO-1,BARIPADA

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: _____ Signature of Head of the Office
Date: _____ (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 PM ShRI 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 **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)	
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) ***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***.	
10	**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 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.**	
11	Recent Pay/Salary of the Employee with proper Split up	(i) Pay Level : _____ (ii) Pay : _____ (iii) DA : _____ (iv) HRA : _____ (v) Any Other _____ (vi) Any Other : _____ (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: