स्थानांतरण संख्या प्रमाण-पत्र/ CERTIFICATE OF NUMBER OF TRANSFERS

मैं, ...(नाम) .....(पदनाम).....(कार्यालय), एतद द्वारा प्रमाणित करता/करती हूँ कि पिछले सात वर्षों में (31.03.2026 तक) में, एक स्थान से दूसरे स्थान पर मेरे ....(अंकों व शब्दों में) स्थानातरण हुए हैं, जिनका विवरण इस प्रकार है:

I,.....(Name).....(Designation)..... (Office), do hereby certify that during the past 07 years (Up to 31.03.2026), I have been transferred..... times (in figures, and in words) from one station to another, the details of which are 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	स्थानान्तरण आदेश संख्या Transfer 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 उद्घोषणा /Undertaking by the Parent/Guardian

मैं जानता/जानती हूँ कि यदि उपरोक्त तथ्य किसी भी स्तर पर (प्रवेश के समय अथवा बाद में) ग़लत 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)
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:..... .....

दिनांक/Date:

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 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.

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
(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)
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:
.....
.....

दिनांक/Date:

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 INDIA 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 KENDRIYA VIDYALAYA JAJPUR.**

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 TelephoneNumber: