SERVICE CERTIFICATE (STATE GOVERNMENT)

Certified that S						working as a
regular/perman	ent/temporar			ime/casual employee		
				office /Ministry /		•
				overnment of		
				nomous body/State Go		•
		nanced by t	he state	Govt. His/her service	es are non	-transferable /
transferable any			C.1. O.C.	·		
Complete Addr	<u>'ess and tele</u>	<u>phone No. of</u>	the Offi	ce (In Block Letters)		
Place: Signature of Head of the Office						
Date:			(witl	h Name, Designation a		
	<u>CER'</u>	TIFICATE (OF NUM	IBER OF TRANSFE	<u>ERS</u>	
I			(N	Name)		
(rank /designat	/		`		`	he Office), do
hereby certify	_		•	(Up to 31.03.2025)		
				ds) from one station to		
				and the minimum pe e details of which are		
men only it wil				e details of which are	Distance	uer.
Office/Unit	Date of Joining	Date of Release	Period of	Transferred	between	Transfer Order
and Place	the Office/	from the	stay(in	Office/Unit and Place	the Two	No.
	Unit	Office/Unit	days)		Office (in km)	
					Í	
I know that if the	he above me	ntioned facts	are found	d incorrect, my child v	will be disqu	ualified for
admission in K	endriya Vidy	⁄alaya.		·	-	
				Sign	nature of the	a Parant
		COU	NTER S	IGNATURE	nature or the	c i arciit
т					(Danle/Da	aiamatian) of
1,				e Office/Unit/Departm	- `	signation) of
the particulars s	given in abov	ve have been	authentic	cated by the records he	eld in the of	fice and
found correct.				,		
DI.				G' , GT 1	0.41 0.00	
Place: Date:	Signature of Head of the Office (with Name, Designation and Office Stamp)					
Date.			LWIL	n manne, Designation a	and Office S	otamb)