

KENDRIYA VIDYALAYA SANGATHAN, CHANDIGARH REGION

APPLICATION FOR LOCAL TRANSFER 2026-27

1. Name of the student :
2. Class & section/ Stream :
3. Present KV :
4. Date of admission :
5. Class to which admitted :
6. Service Category of the parent :
7. Ground of admission in present KV (Priority category, RTE, Reservation, Special Provision etc.) :
.....
8. Address at the time of admission (As per admission records)
.....
.....
9. Name of KV in which admission is sought .1)
2)
3)
10. Reason for local transfer (put tick)
(Cat. I to IV only)
 1. Transfer of Parent (attach transfer order)
 2. Change of Govt. accommodation (Attach Quarter allotment letter / Order)
 3. Shifting to own house (attach Ownership Certificate)
[change of address due to change in rental house will not be considered]
 4. Sibling in the KV where admission is sought
 5. Serious illness of the student / parent

* RTE Admitted students are not eligible for transfer except or conditions given in KVS HQ letter F.N.11-Acad029(Misc)/31/2024 dated 12.06.2024

11. Details of documents attached to support the above claim:

12. If sibling is studying in the KV where local transfer is sought, give details

Name of the sibling:..... Class:..... Section:.....
Date of admission..... Name of KV.....
Ground of admission

Name of parent:
Signature of Parent:
Mobile No.

Certificate to be issued by the KV in which the student is presently studying

1. Name of student. Class..... Section
Service Category of parent:..... Date of admission
Address at the time of admission:.....
.....
2. Ground of admission:.....

(To be verified by Class Teacher)

Signature of Principal with seal

Certificate to be issued by the KV in which the Student seek Local Transfer

1. Class to which admission is sought :
2. Average strength of the class- as on 30.06.2025:.....
3. Recommended / Not Recommended:

(To be recommended only if the applicant / student satisfies the conditions in the KVS HQ letter F.N.11-Acad029(Misc)/31/2024 dated 12.06.2024 / Admission Guidelines 2025-26)

Signature of Principal with seal

For Regional Office

1. Local Transfer Recommended / Rejected:
2. KV in which local transfer permitted :
3. Remarks :

Signature of Assistant Commissioner:

Signature of Deputy Commissioner