# हारा केन्द्रीय विद्यालय 1010 । हे एनम् में फिल्म Kendriya Vidyalaya oda ali India declare that the about the second to the seco

# भै विद्यालय नियमों से प्रतिषद्ध रहुगा <u>/ एडंगी । shall abide by the rules of</u> the Vidyalaya. Date **प्रवेश के लिए प्रार्थनापत्र**Signature of Parents APPLICATION FOR ADMISSION

| क्रम | रुम सं॰ Sr.No कार्या |   |   |
|------|--|---|---|
| 1.   | . विद्यार्थी का पूरा नाम Name of Student   | Kh-Lable He dig [D]                     | ा प्रमाणित किया जा                      |
| 2.   | . ईस्वी संवत् में जन्म–तिथि (अंको में)   | andda am paxaana awa                    |   |
| 981  | Date of Birth (in figures)   |   |   |
| 3.   | आयु (प्रसंगाधीन वर्ष की 1 अप्रैल को) वर्ष वर्ष   | के निरीक्षणोपरांच हाम य                 | विन के क्रिक्स                          |
| reft | Age (as on 1st April of the Year)  Year  | Month                                   | Days                                    |
| 4.   | राष्ट्रीयता Nationality  | evant papers and fealise                | checking the rel                        |
| 5.   | . माता-पिता का ब्यौरा : माता   | पिता                                    | Date                                    |
|      | Details of Parents : Mother  | Father                                  | a ann and assent                        |
|      | (i) पूरा नाम Full Name   |   |   |
|      | (ii) व्यवसाय Occupation  | bəyiqoo                                 | Details of amount r                     |
|      | (iii) कार्यालय का नाम, पूरा पता व दूरभाष संख्या  |   | शुरक रसीव संख्या                        |
|      | Name of office and full address with tel. No   | *************************************** | Fee Receipt No                          |
|      |  |   |   |
|      | Full residential address with Tel. No.   |   |   |
|      | (v) मूल वेतन सम्बद्ध वर्ष की 1 अप्रैल को कार्या  |   |   |
|      | Basic pay as on 1st April of the year  |   |   |
|      | (vi) प्रसंगाधीन वर्ष के 3 1 मार्च तक पिछले   |   | Total Rs                                |
|      | 7 वर्षों में हए स्थानान्तरणों की संख्या  |   |   |
|      | No. of transfers during last 7 years   | red in the Class Attend.                |   |
|      | ( :: ) — — — — — — — — — — — — — — — — —   |   |   |
|      | स्थानीय अभिभावक का पता (यदि हो)  |   |   |
|      | Name & address of local guardian (if any)  |   |   |
| 7.   | अन्तिम विद्यालय जहां पढ़ा हो   | ia ia in mana aven samua                |   |
|      | Name & Address of the school last attended with class  |   |   |
| 8.   | क्या यह क्रेन्द्रीय विद्यालय था या मान्यता प्राप्त/अमान्यता प्राप्त विद्य  | ालय था                                  | object N G 2 Alt                        |
|      | Whether it was a Kendriya Vidyalaya, Recognised/Un   |   |   |
| 9.   | 0 0 0  |   | Date                                    |
|      | अंकों का प्रतिशत Percentage of marks   |   |   |
| 10.  | ). जिस कक्षा में प्रवेश चाहिए Class to which admission is some   | ht                                      | Date .                                  |
| 11.  | ). जिस कक्षा में प्रवेश चाहिए Class to which admission is soug<br>. लिये जाने वाले प्रस्तावित विषय   | CHECK LI                                | ••••••••••••••••••••••••••••••••••••••• |
|      | Subject proposed to offer  |   |   |
| 12.  | थ. क्या स्थानान्तरण प्रमाण–पत्र संलग्न है ? हां/नहीं   |   |   |
|      | Whether the transfer certificate is attached? Yes  | No                                      |   |
| 13.  | Whether the transfer certificate is attached ? Yes<br>. स्थानान्तरण प्रमाण-पत्र की संख्या व तिथि   | 9/163/16                                | Uake of Bir will be                     |
|      | No. & Date of transfer certificate   |   | Residence Proof                         |
| 14.  | . मातृ भाषा Mother tongue गृह  | नगर Home Town                           |   |
| 15 7 | क्या विद्यार्थी अनुसचित जाति/जनजाति से है ?  |   |   |
| 1    | Whether the student belongs to Scheduled Caste/Tribe   |   | (YIL II) IIVSEITA                       |
|      | Service Certifica &  | (ebiswing Vi a)                         | P.T.O.                                  |

| DECLARATION<br>मैं एतद्द्वारा घोषणा करता/करती हूँ कि मेरे द्वारा दी ग<br>I hereby declare that the above information furnis<br>मैं विद्यालय नियमों से प्रतिबद्ध रहूंगा/रहूंगी। I shall ab | ई उपर्युक्त सूचना मेरी<br>shed by me are corre   | जानकारी में सत्य है।  |  |  |
|---|--|---|--|--|
|   |  | Signature of Parents  |  |  |
|   |  |   |  |  |
| 1. प्रमाणित किया जाता है कि मैंने आवेदन-पत्र और<br>Certified that I have checked the application  | सम्बद्ध कांगजाती की<br>form and the relevan  | जाच कर ली है।<br>at papers are found in order.                          |  |  |
| * ` ` ` ` ` ` ` ` ` ` ` ` ` ` ` ` ` ` `   |  | Admission Incharge  |  |  |
| 2. सम्बद्ध कागजातों के निरीक्षणोपरांत एवम् शुल्क प्रा<br>Please admit to class<br>checking the relevant papers and fealise the d  | section  | वर्ग में प्रवेश दे।<br>onafter  |  |  |
| Dateवाखिला दिया गया Admitted to Class   |  | PRINCIPAL   |  |  |
| प्राप्त धन का विवरण<br>Details of amount received :   |  | (i) THE THE Name  |  |  |
| शुल्क रसीद संख्या   | तिथि   | निर्गत क प्राचीमक (III)   |  |  |
| Fee Receipt Noप्रवेश ऱ्लक   | Dated  | issued  |  |  |
| Admission Fee<br>ভার নিधি   | Tuition Fee  | (१४) पूर्ण आवासीय पहा, व ब्रह्माव                                       |  |  |
| Pupils Fund<br>योग रू॰  | Science Fee  | Full residential address<br>(v) मूल वेसन एन्याल वर्ग की                 |  |  |
| Total Rs.   |  | Basic pay as on 1st Apr   |  |  |
| कक्षा उपस्थिति पंजिका में नाम दर्ज किया गया।  |  | (४)) प्रसंगाधील वर्ष के 3 । मार्च त<br>7 वर्षों में हुए स्थानान्तरणों व |  |  |
| Name has been entered in the Class Attendance Re  | egister  |   |  |  |
| प्रमाणित किया जाता है कि समस्त प्रविष्टियां छात्र पंजिका  | में दर्ज की गई एवम श्र   | Class Teacher   |  |  |
| अध्यापक के द्वारा प्राप्त किया गया।<br>Certified that all the entries have been made in the S<br>Office / Class Teacher.  |  | ि स्थानाय आमित्रावक का तथा (बाव   |  |  |
| विद्यार्थी की छात्र पंजिका संख्या<br>The S.R. No. of the student is   | खण्ड<br>Vol  | Naj है & Address of the set   |  |  |
| Date  | Vidyalaya, Recogni<br>last examination<br><b>3J</b>  | Office Incharge   |  |  |
| Date  | f marks  | PRINCIPAL   |  |  |
| CHECK LIST O  | F DOCUMENT   | S करते जिल्लामा अस्त प्रतिकार कार्य जा                                  |  |  |
| Fresh   | KV/Army TC   | subject proposed to offer   |  |  |
| ADM Form No. :  |  | S & KIY-INDER DANS WHEN THE C   |  |  |
| Date of Birth Certificate : Dated : Dated :   |  |   |  |  |
| Residence Proof :   | State of the state | of TC :   |  |  |
| Blood Group : Movement Order :  |  |   |  |  |
| ffidavit (if any) :   |  |   |  |  |
| Counter signed TC (V onwards) :   |  | te:   |  |  |

#### **Proforma-2**

### (FURNISHING INFORMATION AND SUBMISSION OF DOCUMENTS)

### **SELF DECLARATION**

### Proforma- 3

### (Distance between residence and School)

| <u> </u>   | (Name of the Parent) do  |
|--|--|
| hereby declare that my present residential address distance ofkm/s from Kendriya Vidyala | •  |
| Present Residential Address:   |  |
|  |  |
| Name of the Child for whom admission is sought   | :  |
| Class for which Admission is sought  | :  |
| Application Submission Code  | :  |
| Selected under the Category of (Pl. Mark Tick):RT  | E/SC/ST/OBC (NCL)/DA/General/SGC/SA  |
| Place:   |  |
| Date :   |  |
|  | Signature of the Parent  |
| Name   | : <u> </u>   |
| Mobile 2   | No :   |
| Ziliuli K  | ··   |
| SELE DECLADATION (AL   | Proforma- 4 out Submission of Documents)   |
| SELF DECLARATION (AD   | Fother /Mother of Moster/Mis   |
|  | age years , resident o   |
|  | (Complete Address)   |
| •  | mission form of the admission in Kendriya Vidyalay to the best of my knowledge and belief and nothing ha         |
| been concealed therein. I am well aware of the fact                                      | t that if the information given by me is provided false<br>cancelled and I will be liable to legal actions as pe |
| guidelines of KVS and any benefit accrued by me o  |  |
| Date :   | Signature of the Parent  |
| Place :  | Mobile No :  |

### <u>UNDERTAKING</u>

#### Proforma- 5

## (Submission of SC/ST/OBC Certificate)

| <u>I</u>                                     |              | (Name of the Parent) do hereby           |
|--|--------------|--|
| declare that I will submit the Caste Certifi | icate ((SC/S | ST/OBC (Non Creamy Layer) issued by      |
| the competent authority in the name of my    | y child      |  |
| (Name of the Child) within 03 (Three) n      | nonths fron  | m the date of admission. If I fail to    |
| submit the same in the name of my child      | d within thi | is period then I shall have no objection |
| if admission of my Son/Daughter is cand      | celled.      |  |
| Submitted to:                                |              |  |
| The Principal                                |              |  |
| Kendriya Vidyalaya                           |              |  |
| Kendrapara Kendrapara                        |              |  |
| Name of the Child for whom admission         | is sought    | :  |
| Class for which Admission is sought          |              | :  |
| Application Submission Code                  |              | :  |
| Selected under the Category of (Pl. Mar      | k Tick):RT   | TE/SC/ST/OBC (NCL)/DA/General/SGC/SA     |
| Place :                                      |              |  |
| Date :                                       |              |  |
|  |              | Signature of the Paren                   |
|  | Name         | :  |
|  | Mobile I     | No :                                     |
|  | Email i      | id :                                     |
|  | Addres       | ss :                                     |

#### CERTIFICATE FROM THE EMPLOYER

| (Regarding Status of | F Employment & | dontification of  | f Admiccion | Category is | . KVC |
|----------------------|----------------|-------------------|-------------|-------------|-------|
| (Kegaraing Status of | Employment &   | z iaeniijicanon o | Aamission   | Category ii | 1 KVS |

|         | ri/Smt./Ms.   | (Name of the Employer) ,   |
|---------|---|--|
| desigi  | nation working  | in the office of   |
|         | do hereby certify the follow (Name of the   | , government of ving in respect of Sri/Smt./Ms. Employee) whose son/daughter ild) is seeking admission in Kendriya |
|         | ılaya   |  |
| 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/  |  |
| 07      | Part Time/ Adhoc/Daily Wage Basis/Casual -To be written clearly)  |  |
|         | This office/organization is Central Government/Central Government   |  |
| 08      | Autonomous body/PSU fully or partially financed by Govt. of India/State   |  |
| 00      | Government/ Sate Government Autonomous Body/ PSU fully or partially   |  |
|         | finance by the state govt. (To be written clearly)  |  |
|         | Whether the employee is to be considered as an employee of Central  |  |
|         | Government/Central Government Autonomous body/PSU fully or partially  |  |
| 09      | 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)   |  |
|         | Please write any one of the following which is applicable i.r.o. the child for  |  |
|         | whom admission is sought  |  |
| 10      | <ol> <li>Children of transferable and non-transferable Central government employees and children of ex- servicemen. This will also include children of Foreign National officials, who come on deputation or transfer to India on invitation by Govt. of India.</li> <li>Children of transferable and non-transferable employees of Autonomous Bodies / Public Sector Undertaking/Institute of Higher Learning of the Government of India.</li> <li>Children of transferable and non-transferable State Government</li> </ol> |  |
|         | employees.  |  |
|         | <ol> <li>Children of transferable and non-transferable employees of<br/>Autonomous Bodies/ Public Sector Undertakings/Institute of Higher<br/>Learning of the State Governments.</li> </ol>   |  |
|         | Children from any other category  | (i) Pay Level :  |
| 11      | Recent Pay/Salary of the Employee with proper Split up  | (ii) Pay:<br>(iii) DA:<br>(iv) HRA:  |
| 1,000   |   | (v) 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:  |
|         | ,   | Telephone Number:  |

# SERVICE CERTIFICATE (CENTRAL GOVERNMENT)

| Service/CRPF                               | /BSF/NSG/S/partially fina   | PG/CISF/Ce   | in<br>gover<br>entral Go<br>Central   | time/casual empl<br>this office/Minist<br>rnment of India. He,<br>ovt./Central Govt. Au<br>Govt. His/her services  | oyee in<br>cry/under<br>/She is an<br>tonomous b    | employee of Do<br>oody/Central govt            | of of of efence              |
|--|---|--|---------------------------------------|--|---|--|------------------------------|
| Place:                                     |   |  | (wi                                   | Signature of Head<br>th Name, Designation  |   |  |                              |
| figures & in v least 20 kms transfer). The | ofe past 7 years vords) from and the min details of when the above me | s (Up to 31.0 one station to mimum perionich are given | 03.2021) o anothe od of sta n as unde | NUMBER OF TRAIN (Name) (Name) (Name) (Name) (Name) (Name) (I have been transferreder. (If the distance been transferreder) is six months thereof. (Name) (Na | ne of the Ofed  tween the j  n only it w            | tim<br>form and to place<br>will be considered | nes (In<br>e is at<br>l as a |
| Office/Unit and Place                      | Date of<br>Joining the<br>Office/Unit                                 | Date of<br>Release<br>from the<br>Office/Unit          | Period<br>of<br>stay(in<br>days)      | Transferred<br>Office/Unit and Place   | Distance<br>between<br>the Two<br>Office (in<br>km) | Transfer Order<br>No.                          |                              |
|  |   |  |                                       |  |   |  |                              |
| I,   |   | (Na<br>(N  | me)<br>ame of tl                      | ER SIGNATURE  ne Office/Unit/Depart  | gnature of t (Rank/I ment) hereb                    | Designation) of by certify that the            |                              |
| particulars giv  Place: Date:              |   |  |                                       | ed by the records held Signature of Head th Name, Designation  | d of the Off  | ice  | ect.                         |

# SERVICE CERTIFICATE (STATE GOVERNMENT)

| Certified that regular/perman |   | rv/contractua                                 | al/part                          | time/casual                                    | emplo                                  |   | is working<br>the capacit                               |                  |
|-------------------------------|---|---|----------------------------------|--|--|---|---|------------------|
|                               |   |   | in th                            | nis office                                     | /Ministr                               | ry /under   | the Minist He/Sho                                       | ry of            |
|                               | State Govt. / financed by                       | State Govt. the state Go                      | Autonor<br>ovt. His/h            | nous body/St<br>ner services a                 | tate Govt                              | . PSU fully   | y financed by the / transferable an                     | ne State         |
|                               |   |   |                                  |  |  |   |   |                  |
| Place:                        |   |   |                                  | Signature                                      | e of Head                              | of the Offi   | ice   |                  |
| Date:                         |   |   | (wi                              | th Name, De                                    | signation                              | and Office  | Stamp)  |                  |
| т                             | · ·   |   |                                  | NUMBER C                                       |  |   |   | (1 <sub>-</sub>  |
| figures & in v                | of<br>e past 7 years<br>words) from and the min | s (Up to 31.0 one station to vimum perior)    | 03.2021)<br>o anothe             | I have been for. (If the disk<br>by is six mon | (Nam<br>transferre<br><i>tance bet</i> | e of the Of<br>ed<br>tween the f                    | fice), do hereby tir form and to place ill be considere | mes (In ce is at |
| Office/Unit<br>and Place      | Date of<br>Joining the<br>Office/Unit           | Date of<br>Release<br>from the<br>Office/Unit | Period<br>of<br>stay(in<br>days) | Transfer<br>Office/Unit a                      |  | Distance<br>between<br>the Two<br>Office (in<br>km) | Transfer Order<br>No.                                   |                  |
|                               |   |   |                                  |  |  |   |   |                  |
|                               |   |   |                                  |  |  |   |   |                  |
|                               |   |   |                                  |  |  |   |   |                  |
|                               |   |   |                                  |  |  |   |   |                  |
|                               |   |   |                                  |  |  |   |   |                  |
| I know that if in Kendriya V  |   | entioned facts                                | s are four                       | nd incorrect,                                  | -                                      |   | qualified for adn                                       | <br>nission      |
|                               |   | C   | COUNTI                           | ER SIGNAT                                      | _                                      | gnature of tl                                       | ne Parent   |                  |
| I,                            |   | (Nar  | ne)                              | o Office/Lin                                   | 24/D an auto                           | (Rank/D   | esignation) of<br>by certify that the                   | _                |
| particulars giv               | en in above l                                   | ave been au                                   | thenticate                       | ed by the rec                                  | ords held                              | in the offic  | ee and found cor  | rect.            |
| Place:                        |   |   |                                  |  |  | of the Offi   |   |                  |
| Date: (v                      |   |   | (3371                            | th Name De                                     | signation                              | and ()ttice   | Stamn)  |                  |

#### **Common Application Form for the Admission under RTE Quota**

| Session | n: 2021-22   |
|---------|--|
|         | ation No. illed by the School)   |
| 1. 1    | Name of the School: KENDRIYA VIDYALAYA KENDRAPARA  |
| 2. 1    | Name of the Child:   |
| 3. 1    | Name of the Parents:   |
|         | Mother:Father:   |
| 4. F    | Residential Address with phone number:   |
| 5. I    | Proof of Residence enclosed:   |
| 6. I    | Profession of the  |
|         | Parents: Mother:   |
|         | Father:  |
| 7. \    | Whether reimbursement of CEA is allowed (Yes / No):  |
| 8.      | Total Annual Income from all sources:  |
| 9. 1    | Proof of Income enclosed:  |
| 10. I   | Proof of Disadvantaged group:  |
| 11. I   | E-Mail id :  |
| 12. (   | Contact No:  |
| 13. I   | Blood group of Child:  |
| 14. /   | Aadhaar number of child:   |
|         | <b>Declaration by the Parents</b>  |
| I       | (name) father / mother of  |
|         | (name of the child) hereby declare that the  |
| informa | tion mentioned above is true and correct to the best of my knowledge and belief. I have read |
|         | derstood all the provision of the notification in this regard. In case any information found |
|         | incorrect on verification of my ward, admission may be cancelled.                            |
| Dated:  | Signature of the Parents   |

### AFFIDAVIT FOR SINGLE GIRL CHILD

Rs. 100/- Stamp Paper (Notary) Affidavit

| Ι                          |                                | aged                    | years               | , Indian  |
|----------------------------|--------------------------------|-------------------------|---------------------|-----------|
| inhabitant occupat         | ion                            |                         | Resident            | of        |
|                            |                                |                         |                     | is        |
| mother/father of           |                                |                         | Date of             | Birth     |
|                            | submitting my                  | undertaking to the H    | lead of the Institu | ıtion for |
| admission of my daughter   | •                              |                         | in Class-I (O       | ne) vide  |
| KVS Admission Guidelin     | es 2020-21                     |                         |                     |           |
| 1. I hereby declare th     | at Miss                        |                         | is the              | only girl |
| child in my famil          | y (with no male/female s       | sibling). I understand  | I that it shall be  | my sole   |
| responsibility to in       | nform you about any chan       | ge in status of Single  | e Girl Child in th  | e family  |
| immediately, if and        | d when it occurs.              |                         |                     |           |
| 2. I am also aware th      | at in case it is detected at a | any time that the affic | lavit sworn by me   | is false, |
| appropriate action         | will be taken by the school    | l authorities and KVS   | against me.         |           |
| Signature of Father        |                                | Signature of M          | Mother (            |           |
| Residential Address with   | <u>Contact Number:</u>         |                         |                     |           |
| So                         | lemnly affirmed at:            |                         |                     |           |
| This                       | (Day) of                       | (Month) of 2            | 2020 (Year)         |           |
| Explained and Identified b | BEFORE by me,                  | E ME                    |                     |           |

Advocate

#### VERIFICATION OF DOCUMENTS (K.V.KENDRAPARA)

#### PART-A (Details of the Child)

| 1. | Name of the Child                   |           |
|----|-------------------------------------|-----------|
| 2. | Class to which admission sought     | <u> </u>  |
| 3. | Session                             | : 2021-22 |
| 4. | Application No.                     |           |
| 5. | Selected under the category of :    |           |
| 6. | Serial Number in the Selection List | E         |

#### PART-B (Documents submission by the parent)

The self attested copy (Except cases where original is mentioned) of the following documents are submitted by me.

| Sl.<br>No. | Name of the Document  | Yes/<br>No | Remarks |
|------------|---|------------|---------|
| 1          | Hard Copy (Print out) of the Online/Offline Application Form  |            |         |
| 2          | Birth Certificate   |            |         |
| 3          | Residence Proof   |            |         |
| 4          | Self declaration about distance   |            |         |
| 5          | Caste Certificate (SC/ST/OBC-NCL) –(Specify whether in the name of the child or parent in Remarks Column  |            |         |
| 6          | Undertaking (If Caste Certificate in the name of the Parent)  |            |         |
| 7          | EWS Certificate from competent authority with date of issue of the certificate in Remarks Column.   |            |         |
| 8          | BPL Card (Specify BPL Card no. in Remarks Column)   |            |         |
| 9          | Handicapped Certificate (Specify % of disability and type of handicapped in Remarks Column)   |            |         |
| 10         | Service Certificate & Certificate showing no. of transfers (ORIGINAL) (Specify category of employee i.e. state govt./central govt. etc in Remarks Column) |            |         |
| 11         | Certificate from DDO/Head of the Office (ORIGINAL) (Specify in the Remarks column type of the employee as in column-7 of the certificate)                 |            |         |
| 12         | Employee ID card/Last month's pay slip (Specify Employee Code in Remarks Column)  |            |         |
| 13         | Transfer Orders (Specify number of transfers in preceding 7 years as on 31.03.2020 in the remarks column)   |            |         |
| 14         | For Ex-Service Man ID proof/Discharge Book (Specify the date of discharge in Remarks Column)  |            |         |
| 15         | For Ex-Service Man Certificate of transfers counter signed by the Authority (Specify no. of transfers in Remarks Column)                                  |            |         |
| 16         | For Single Girl Child Affidavit (ORIGINAL) – (Specify the date of issue in Remarks Column)  |            |         |
| 17         | Undertaking of submission of correct information and documents  |            |         |
| 18         | Counter signed Transfer Certificate (Class II onwards)  |            |         |
| 19         | Any Other   |            |         |

Signature of the Parent with Date

#### PART-C (For the Verifying Officers)

All the documents mentioned above are submitted by the parent and verified by us from the original and found with the following Remarks. (Specify whether admission is approved or rejected in Remarks Column)

| Name and Sign. of Ver | atving | officer: |
|-----------------------|--------|----------|
|-----------------------|--------|----------|

| Remarks:         |                                 |
|------------------|---------------------------------|
| Signature:       |                                 |
| Name & design. : |                                 |
| I/C Admission    | Counter Signed by the Principal |