

Kendriya Vidyalaya Bairagarh Registration from

3/11	"" <i>[</i>		Registration from	REG. NO	
तत त्वं प	षन अपावण	कम सं S.No.	वर्ष २०२३		Photograph of the
केन्द्रीय विद्	_{बँच्} अपावृणु ग्रालय संगठन	Eur Eur /Dagistra		oult in annuanista hav)	child
	યુળાવગર ગ	Ist Shift प्रथम पाली	tion for class (Put tick ma OR IInd Shi ਫ਼ਿੰਜੀय पार्ल	ft	(Passport size)
1- विद्या	र्थी का पूरा नाम				
		pital letters)	Sex	$M \square F \square$	
		Day	Month Year		
Date o	न तिथि (अंकों में) of Birth				
(श	ब्दों में) In words				
	आयु 31-3-2023 तक Age as on 31.3.2023	बर्ष Years	मास दिन Months Days		
	ood Group of the child च्ये का रक्त समूह				
	category to which child b	 elong / छात्र की श्रेर्ण	Ì		
Gen. C सामान्य	at SC ST	OBC	EWS BPL D	isabled S.G Child वेकलांग इकलौती कन्या	
					. ,
			रूप से कमजोर/बै पी एल/विकलांग/ pisabled/S.G.)Category, Please attac		माण -पत्र सलग्ल करे
6- माता पि	ता का ब्यौरा / Details of Moth	er/ Father	माता / Mother	पिता / Father	
(i)		letters			
(ii) (iii)	राष्ट्रीयता / Nationality व्यवसाय / Occupation				
(iv)	कार्यालय का नाम एवं पूरा प	ता व दूरभाष	none numbers		
(v)			ione numbers		
. ,	Full residential address	with Telephone num	bers (with proof)		
(vi)	विद्यालय से दूरी/ Distanc	e from KV*			
(vii) (viii)	स्थाई पता / Permanent Ad				
(ix)	31–3–.2023 .तक सेवाकाल के दौरा	न ७ वर्षों में स्थानान्तरणों की संख	या		
			23 of the year		•••••
(x)	श्रेणी रक्षा/ केन्द्रीय कर्मी/ Category to which the		fence/Central Govt./Autonomou	s body & others	
(xi)	Employee Code:				
	तद द्वारा प्रमाणित करता हूँ कि				
I cer	tify that the above entrie	s are true to the best of	•	A A Ciamatu	one of Donant
				पेता के हस्ताक्षर / Signatu गम / Full Name	
तिथि /]	Date:				
क्रम सं0	S. No	पावती	t/Acknowledgement		
	ण संख्या/ Registration No			.	
	में प्रवेश हेतु पं		से उनके पुत्र/ पुत्री	qr	्र कद्वा
registr प्राचाय	auon of her/ his son/ dau			101 aumssion to	
		के	न्द्रीय विद्यालय (पुत्रांक) / Principal		
00	D .	Kend	riya Vidyalaya (Stamp)		
ातीथं /	Date				

Note: 1. Proof of residence shall have to be produced by all applicants.

2. A self-declaration from the parent for distance may also be accepted by furnishing an undertaking to this effect.

सेवा प्रमाण पत्र /SERVICE CERTIFICATE (Centre Govt)

` प्रमाणित किया जाता है कि श्री/श्रीमती थानांतरणीय राज्य सरकार के एक कर्मचारी हैं	व प्रमाण-पत्र / SERVICE CEI			
		क	•	कार्यरत हैं। वह राज्य में कहीं भी
			,	
Certified that Shri/Smt	is work	ng in the offic	e/Ministry of	He/She is
an employee of state Government tra	nsferable anywhere in the state.			
थान एवं दिनांक	कार्यालय ३	ध्यक्ष का नाम, पद	और हस्ताक्षर (कार्याव	लय की मोहर सहित)
Station with date	Sign. & N	me in block lett	ers and design of	the head of office with stamp
रूभाष / Telephone No				
ग्माणित किया जाता <mark>है</mark> कि	स्वर्गीय / श्री / श्रीमती	के पुर	त्र / पुत्री हैं जो	में सेवारत थे और
उनका देहावसान सेवालकाल के दौरान दिनांक	को हो गया था। यह भी प्रमार्ग	गत किया जाता है	कि श्री / श्रीमती	जो
	के माता–पिता हैं, उनके वर्तमान	वर्ष की 31 मार्च	से सात वर्षों के दौरा	ानस्थानांतरण
Certified that Master/Kmwho was employed in the Office/Min	is this stry/Defence service. He/she ha	e son/daughter d died in harne	ess on the	
Certified that Master/Kmwho was employed in the Office/Mint is further certified that	is the istry/Defence service. He/she has the istry/Defence service. (Particulars of service) preceding last seven years from	e son/daughter d died in harne on/ daughter m 31 st March :-	of lateSh./Smtess on the	has/ had
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Enclosures:

Note:- Service Certificate duly signed by the Commanding Officer in case of employees working in Defence establishment.

CERTIFICATE FROM PRIORITY - 1 CANDIDATES FOR ADMISSION IN CLASS-___, IN KENDRIYA VIDYALAYAS

No.	Formation/Unit/ Depot/Office	Whether with family		Place	Period	ı	Total Period of stay	Authority of move
					From	То		
	further certify that in n to Kendriya Vidyal		ve-menti	ioned facts	are found	incorrec	t, my child will be	disqualified
	PLEAS	E REFER PRI				MISSIOI	SIGNATUR N GUIDELINES.	E OF PAR
E:	(Countersigned b	y Commanding	Cog Officer /	OUNTERSI controlling	GNED Officer of the	he Rank	N GUIDELINES. of Colonel OR Equiv	/alent)
E: I,	(Countersigned b	y Commanding	Cog Officer /	OUNTERSI controlling	GNED Officer of the	he Rank designat	N GUIDELINES. of Colonel OR Equiv	/alent)
he	(Countersigned b	e particulars giv	Cog Officer /	OUNTERSI	GNED Officer of the state of th	he Rank designat	N GUIDELINES. of Colonel OR Equiv	/alent)
I, he	(Countersigned b	e particulars giv	Cog Officer /	OUNTERSI	GNED Officer of the state of th	he Rank designat	N GUIDELINES. of Colonel OR Equiv	/alent)
I, he ar Pl	Countersigned be Shnameereby certify that the and found to be corrected.	e particulars giv	Cog Officer /	OUNTERSI	GNED Officer of the state of th	he Rank designat	N GUIDELINES. of Colonel OR Equiv	/alent)
I, he ar Pl	Countersigned be Shname	e particulars giv	Officer /	OUNTERSI controlling unit/ship ara 1 have	GNED Officer of the state of th	he Rank designat	N GUIDELINES. of Colonel OR Equivation by the records hel	/alent)

- $2. \ Form \ to \ be \ signed \ by \ an \ officer \ not \ below \ the \ level \ of \ Colonel \ or \ equivalent \ in \ Navy/Air \ Force/Para-Military \ Forces.$
- 3. In case the CO is below the rank of Colonel, the form be signed by the Station Commander/Colonel/Colonel in a station.

Self-Declaration Format

I, Father/Mother of Master/Miss
age years, resident of (complete address), do hereby
declare that the information given in admission form of the admission in Kendriya Vidyalaya,
and in the enclosed documents is true to the best of my knowledge and belief and
nothing has been concealed therein. I am well aware of the fact that if the information given by me is
proved false / not true at any point of time, admission will be cancelled and I will be liable to legal actions as $\frac{1}{2}$
per guidelines of KVS and any benefit accrued by me or my ward shall be <u>summarily</u> cancelled.
Date:-
Place:
Signature of the Parent/Guardian