

K.V.Cat.-
Class -

Caste Cat.-

Name of C.T.

B.G.



केन्द्रीय विद्यालय /KENDRIYA VIDYALAYA जालीपा कैन्ट /JALIPA CANTT

Year 20.... - 20.....

क्रम सं./S.No.

प्रार्थना पत्र की तारीख

Date of Application

प्रवेश सं.

Admission No.

प्रवेश हेतु प्रार्थना पत्र/ APPLICATION FOR ADMISSION

1. विद्यार्थी का पूरा नाम Full Name of the Pupil

(i) जाति Surname

2. जन्म तिथि Date of Birth (a) (अक्षरो में) In Figures

(b) (शब्दों में) In words

3. प्रवेश के समय आयु

Age at the of admission
on date 31-3-

वर्ष
Year

माह
Month

दिन
Days

4. (a) राष्ट्रीयता Nationality

5. पिता का पूरा नाम Full Name of Father

6. पिता का व्यवसाय Occupation of Father

7. माता का पूरा नाम Full Name of Mother

8. माता का व्यवसाय Occupation of Mother

क्या वे रक्षा सेवक है (यदि हो तो उनका पद)

(a) Whether a defense Employee (if so his rank)

क्या वे केन्द्रीय सरकार के कर्मचारी है।

(b) Whether a Central Govt. Employee

(पद तथा विभाग लिखिए Mention Designation with Deptt.)

(c) (अन्य व्यवसाय Other mention Occupation)

9. पिता का पूरा पता Full address of Father

10. पिता की मासिक आय Monthly Income of Father

11. स्थानीय अभिभावक का नाम तथा पता, यदि हो

Name & address of local guardian, if any

12. (a) अन्तिम विद्यालय जहां पढ़े हो Name of the last school attended

(b) जिस कक्षा में पढ़े हो Class in which studying

(c) लिये गये विषय Subject offered

(d) निर्देशों का माध्यम Medium of instruction

13. अन्तिम परीक्षा का परीक्षाफल Result of last Examination

(a) अंको का प्रतिशत Percentage of Marks/CGPA

14. क्या वह के.वी. स्कूल/मान्यता प्राप्त/अमान्यता प्राप्त विद्यालय था

Whether it was Central School Recognized School/Recognized School/Unrecognized School

15. (a) किस कक्षा में प्रवेश चाहते हैं Class to which admission is sought

(b) प्रस्तावित विषय

1)

2)

3)

Subject proposed or offer

4)

5)

16. क्या स्थानान्तरण प्रमाण-पत्र सलग्न है Whether Transfer is attached/जन्म प्रमाण पत्र/ Date of Birth Certificate.

17. स्थानान्तरण प्रमाण-पत्र में दिनांक व स्कूल का नाम

No. & Name & School with Date of transfer Certificate Attached

18. मातृ भाषा Mother tounge

19. क्या विद्यार्थी अनुसूचित जाति, अनुसूचित जनजाति या ओबीसी (Non creamy layer) का है।

Whether the student belongs to scheduled cast, scheduled tribe or OBC (Non creamy layer)

20. स्थाई पता Home town

Mobile No.

Email ID -

अभिभावक द्वारा घोषणा
DECLARATION BY THE PARENT

- (अ) मैं घोषित करता हूँ कि मेरे लड़के/लड़की की जन्म तिथि कालम नं. 2 में लिखि हुई मेरे द्वारा जांच ली गई है, सही है और मैं आगे कभी भी किसी भी तारीख में इसमें कोई बदलाव नहीं मांगूंगा।
I here by declare that date of birth in respect of my son/daughter furnished by me in column No. 2 is correct and that I would not demand any change in it at any date.
- (अ) मैं विद्यालय के नियमों का पालन करूंगा
I shall abide by the rules of the school.

Date/ दिनांक

माता/पिता/अभिभावक के हस्ताक्षर
Signature of the parents/Guardian

Please test and report whether the boy Fit for admission to class					कार्यालय उपयोग हेतु For Office Use
Subject	Name of the Teacher	Marks	Fit/Unfit	Signature	
1. Hindi					Admit.....to class..... Principal..... Date.....
2. English					
3. Maths					
4. Sc/G.K.					
5. S.S.T.					

Admission to Class Section For Receipt No.
 Dated..... Issued.
 Details of amount received.

Admission	Fee Rs.	Documents Required	the box	Remark
Tuition	Fee Rs.	1. TC	<input type="checkbox"/>	
VVN	Fee Rs.	2. Service Certificate	<input type="checkbox"/>	
Computer	Fee Rs.	3. Date of Birth	<input type="checkbox"/>	
Other	Rs.....	4. Distance certificate	<input type="checkbox"/>	
	Rs.....	5. Marks statement	<input type="checkbox"/>	
	Rs.....	6. Cast Certificate	<input type="checkbox"/>	
	Rs.....	7. Health Record	<input type="checkbox"/>	
	Rs.....	8. Residence Proof	<input type="checkbox"/>	
	Rs.....	9. Blood Group Report	<input type="checkbox"/>	
	Rs.....	10. Adhar ID	<input type="checkbox"/>	
Total	Rs.....	11. Movement Order	<input type="checkbox"/>	

I/C Admission

Name has entered in the Class Attendance Register

Date.....

Class Teacher.....

Class

Certified that all the entries have been made in scholar's Register and he dues been realized by the Class Teacher.

His Scholar's Register No. is Vol.....

Office : Clerk

Noted

Class Teacher

Class

FILE

Dated.....


Principal



केन्द्रीय विद्यालय जालीपा कैंन्ट बाड़मेर Kendriya Vidyalaya Jalipa Cantt, BARMER

N.H.68, Jaisalmer Road, Barmer (Raj.)

General Information

Name :	Admission No :
Date of Birth :	Father's Guardian's Name & Address :


	Phone No. Office : Residence : Mobile :

Note : The School before implementing the Health Cards may consult a local Registered Medical Practitioner.

BOTH SIDES OF THIS FORM TO BE SUBMITTED AT THE TIME OF ADMISSION

Name of the Student M/F Class
Date of Birth Blood Group
Father's Name Mother's Name

VACCINATIONS

Immunization	Age Recommended	Due Date	Date
BCG	0-1 Month		
Hepatitis B	At Birth		
	1 Month		
	6 Month		
DPT	2 Month		
	3 Month		
	4 Month		
	2 Month		
	3 Month		
	4 Month		
Oral Polio	At Births		
	1 Month		
	2 Month		
	3 Month		
	4 Month		
Measles	9 Month		
MMR	16 Month		
DPT+OPV+HIB	18 Month		
Typhoid	2 Years		
Hepatitis A (2 Doses)	2 Years		
Chicken Pox	After age 1 year		
DT-OPA	4½ Year		

BOOSTER DOSES

Typhoid (every 3 years)			
TT (every 5 years)			
Other Vaccines			

Signature of Father Signature of Mother

ALLERGY TO ANY FOOD, ADHESIVE TAPE, BEE STING

* Does the child have any problem during physical activity

Signature of Father Signature of Mother

Date of physical examination Height..... Weight.....
B.P. Pulse Vision L R
Squint Conjunctiva Cornea Ear L R.....

Summary of Current Health Condition, _____

- * Fit to Participate in age specific physical activity _____
- * Fit to Participate in age specific physical activity with precaution _____
- * Should not participate in competitive sport _____

Signature of Doctor With Stamp

Signature of Doctor With Stamp