



केन्द्रीय विद्यालय, संगठन

Kendriya Vidyalaya Sangathan

केन्द्रीय विद्यालय जालीपा कैंट बाड़मेर

Kendriya Vidyalaya Jalipa Cantt, BARMER

मूल्य : निःशुल्क
Price : Free of Cost

www.kvjalicantt.org

क्रम संख्या

SI No.....

वर्ष/Year

पंजीकरण संख्या.....

Registration No.....

पंजीकरण के लिए कक्षा/Registration for class

(Puk tick mark in appropriate box)

1st Shift
प्रथम पाली

OR

1st Shift
प्रथम पाली

Photograph of the
Child

(Passport Size)

1. विद्यार्थी का पूरा नाम.....

Name of Child in full (in Capital letters).....

Sex

M

F

TG

2. जन्मतिथि (अंकों में)

Day

Month

Year

Date of Birth

शब्दों में/In words.....

आयु 31-3-..... तक

वर्ष
Day

मास
Months

दिन
Days

Age as on 31.3.....

3. बच्चे का रक्त समूह

Blood Group of the child

4. छात्र की श्रेणी

Gen. Cat

SC

ST

OBC

EWS

BPL

Disabled

SG Child

5. क्या अनुसूचित जाति/जनजाति/ओ बी सी से/ आर्थिक रूप से कमजोर/बी पी एल / विकलांग/इकलौती कन्या
यदि हां तो प्रमाण-पत्र संलग्न करें ।

Whether the child belongs to (Gen./SC/ST/OBC/EWS/Disabled/S.G.) Category, Please

Attach relevant certificate.

AADHAR No. आधार संख्या

6. माता पिता का ब्यौरा

Details of Mother/Father

माता

Mother

पिता

Father

(i) नाम/Name (in Capital letters)

(ii) राष्ट्रियता/Nationality

(iii) व्यवसाय/Occupation

(iv) कार्यालय का नाम, पूरा पता व दूरभाष/Name of office and full address with Telephone/Mobile numbers

(v) पूर्ण आवासीय पता व दूरभाष/Full residential address with Telephone /Mobile numbers (with proof)

(vi) Email : -

(vii) विद्यालय से दूरी /Distance from KV*

(viii) स्थाई पता /Permanent Address

(ix) मूल वेतन /Basic Pay

(X) 31-3-..... तक सेवाकाल के दौरान 7 वर्षों में थानान्तरणों की संख्या
No. of transfers during 7 years as on 31-3- of the year.

(xi) श्रेणी रक्षा/केन्द्रीय कर्मी/स्वायत्तशासी व अन्य
Category to which the Parent belong to Defence/Central Govt./Authnomous body & others

मैं एतद् द्वारा यह प्रमाणित करता हूँ कि उपर्युक्त प्रविष्टियां मेरी जानकारी में सत्य है।
I certify that the above entries are true to the best of my knowledge.

तिथि/Date :

माता/पिता के हस्ताक्षर/Signature of Parents
पूरा नाम/Full Name

सेवा प्रमाण-पत्र /SERVICE CERTIFICATE

(Central Govt)

प्रमाणित किया जाता है कि श्री/श्रीमती कार्यालय/मंत्रालय में कार्यरत है।
वे रक्षा सेवा /केन्द्रीय रिजर्व पुलिस बल/सीमा सुरक्षा बल /एन.एस.जी./सी.आई.एस.एफ./केन्द्रीय सरकार स्वायत्त
संस्था/सार्वजनिक क्षेत्र के उपक्रम के/की कर्मचारी हैं जिनका पूर्ण वित्त प्रबंध केन्द्रीय स्थानांतरणीय है।

Certified that Shri/Smt..... is working in the office/Ministry of
..... He / She is an employee of Defence Service / CRPF/ BSF/NSG/SPG/
CISF/ Central Govt. / Autonomous Body / Public Sector Undertaking fully financed/partially financed by
Central Govt. and his/her services are transferable anywhere in India.

सेवा प्रमाण - पत्र /SERVICE CERTIFICATE

(State Govt)

प्रमाणित किया जाता है कि श्री/श्रीमती कार्यालय/मंत्रालय में कार्यरत है।
..... वह राज्य में कहीं भी हस्तांतरणीय राज्य सरकार के एक कर्मचारी है।

Certified that Shri/Smt.....is working
in the office/Ministry of.....He/She is an employee of State Government
transferable anywhere in the state.

स्थान एवं दिनांक
Signature with Date

कार्यालय अध्यक्ष का नाम, पद और हस्ताक्षर (कार्यालय की मोहर सहित)
Sign.& Name in block letters and design of the head of office with stamp

दूरभाष - Telephone No.

प्रमाणित किया जाता है कि.....स्वर्गीय श्री/श्रीमती.....पुत्र/पुत्री
हैं जो.....में सेवारत थे और उनकी देहावसान सेवाकाल के दौरान दिनांक.....को हो गया था।

Certified that Master/Km.....is the son/daughter of
late Sh/Smt.....who was employed in the Office/
Ministry/Defence Service He/She had died in harness on the.....

यह प्रमाणित किया जाता है कि श्री/श्रीमतीजो.....
के माता-पिता हैं, उनके वर्तमान वर्ष की पहली अप्रैल से गत 7 वर्षों के दौरान.....स्थानान्तरण
हुए हैं। एकत्र/कार्यालय और ऐसी तैनातियों की अवधि का ब्यौरा दिया गया है जिसके कारण स्थान बदलना पड़ता है।

It is further certified that Mr./Mrs.....(particular of father/mother)
 Father of Master/Miss.....has/had.....(No. of posting) during the
 preceding last seven year form 1st April of the current year. The unit/office and duration
 of such postings involving change of station are given below.

क्र.सं. S.No.	पदनाम Designation	स्थान Place of Posting		ठहरने की अवधि से Period of stay		आदेश संख्या Order No.
		से From	तक to	से From	तक to	
1.						
2.						
3.						
4.						
5.						
6.						
7.						

स्थान एवं दिनांक
Station with date

कार्यालय अध्यक्ष का नाम, पद और हस्ताक्षर (कार्यालय की मोहर सहित)
Sign. & Name in block letters and design. of the head of office with stamp

Address -

दूरभाष - Telephone No.

टिप्पणी :-रक्षा संस्थानों में काम करने वाले कर्मचारियों के मामले में सेवा प्रमाण पत्र पर कमान अधिकारी के हस्ताक्षर अपेक्षित हैं ।
 Note :-The Service Certificate should be signed by the Officer commanding in case of
 employees in defiance establishment.

पावती/Acknowledgement

क्रम सं. /S.No.

पंजीकरण संख्या/Registration No.

श्री/श्रीमती से उनके पुत्र/पुत्री.....

..... का कक्षामें प्रवेश हेतु पंजीकरण आवेदन पत्र प्राप्त किया।

Received an application from Shri/Smt

.....for registration of her/his son/daughter

admission to class

प्राचार्य/Principal

तिथि /Date

केन्द्रीय विद्यालय (मुद्रांक)Kendriya Vidyalaya (Stamp)

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.

CERTIFICATE FROM PRIORITY - 1* CANDIDATES FOR ADMISSION 4
IN CLASS I, IN KENDRIYA VIDYALAYAS

I, (Smt./Shri) _____ (Name) _____
 _____ (rank/designation) of _____
 _____ (unit/ship/Deptt). do hereby certify that during the past 7 years I have been transferred _____
 transferred _____ times (in figures & in words) from one station to another, the details of which are given as
 under :-

S.No.	Formation/Unit Depot/Office	Whether moved with family	Place		Period		Total Period of stay	Authority of move
			From	To	From	To		

I further certify that in case the above-mentioned facts are found incorrect, my child will be disqualified for admission to Kendriya Vidyalaya.

PLACE :
 DATE :

SIGNATURE OF PARENT

PLEASE REFER PRIORITIES PRESCRIBED IN ADMISSION GUIDELINES. COUNTERSIGNED
 (Countersigned by Commanding Officer / controlling Officer of the Rank of Colonel OR Equivalent)

I, Sh. rank/designation.....
name
 unit/ship/department..... hereby certify that the
 particulars given in para I have been authenticated by the records held in the office and found to be correct.

PLACE :
 DATE :

SIGNATURE OF THE CO/OC UNIT/CONTROLLING OFFICER
 (ADDRESS)

1. Minimum period of posting/stay at a place should be six months.
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.

General Instructions:-

1. No Admission Will be given after Last Date given by vidyalaya.
2. Timing of Admission b/w 12.30 to 2.30 pm during working days.
3. For detail instructions and Lists of admission org please visit vidyalaya website :- www.kvjlipacantt.
4. All Original Documents are required at the time of Admission.
5. Mere Registration is not Claimed for admission.

Documents Required	<input checked="" type="checkbox"/> the box	Remark
1. TC	<input type="checkbox"/>	
2. Service Certificate (If Applicable)	<input type="checkbox"/>	
3. Date of Birth	<input type="checkbox"/>	
4. Marks statement	<input type="checkbox"/>	
5. Cast Certificate (If Applicable)	<input type="checkbox"/>	
6. Health Record	<input type="checkbox"/>	
7. Residence Proof	<input type="checkbox"/>	
8. Blood Group Report	<input type="checkbox"/>	
9. Aadhar ID	<input type="checkbox"/>	
10. Movement Order (If Applicable)	<input type="checkbox"/>	

ANNEXURE – I

Self-Declaration Format

I _____, Father/Mother of Master/Miss _____
age _____ years, resident of _____ (complete address), do hereby
declare that the information given 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 has be dimmed cancelled and will liable to punishment as per guidelines of
KVS and the benefit accrued by me or my ward shall be summarily cancelled.

Date:-

Place:

Signature of the Parent/Guardian