

KENDRIYA VIDYALAYA BHAWANIPATNA

ADMISSION NOTICE FOR CLASS I 2023-24

Original documents alongwith one set of self attested photocopies to be Produced at the time of Admission:

1. PRINT OUT COPY OF ONLINE APPLICATION-CUM- REGISTRATION FORM.
2. Birth Certificate of the child.
3. Service Certificate with transfer details (if applicable) duly signed and verified by DDO and last month pay slip whenever applicable.
4. Transfer / Movement order copy.
5. Caste Certificate in the name of student in case of SC, ST and OBC-NCL (non-creamy layer) candidates.
6. Single girl Child Certificate duly signed by Executive Magistrate for SGC candidate.
7. Residence Certificate (Ration Card / rent lease deed / Telephone Bill / Voter Id card etc)
8. Valid Differently abled certificate for PH candidate
9. Blood Group Report.
10. Aadhaar Card of candidate.
10. Home town Declaration. (Domicile certificate)
11. Declaration of Distance from the Vidyalaya for RTE candidates.
12. Two Photographs (One should be pasted on Registration form).
13. BPL card /EWS and INCOME CERTIFICATE + Ration card issued by competent authority along with an affidavit to the effect that as on date the parents and his family belongs to BPL Category and Low-income group.

Fee Details:

Admission fee	VVN Fee (One quarter)	Total	Remarks
25.00	1500.00	1525.00	No fee for RTE candidate (Except cat I)

**Fee challan will be given to the candidate after the document verification and admission will be confirmed after payment of fee and submission of receipt to the school.

N.B. 1. In case of insufficient documents, admission may not be granted.

Sd/
Principal

SELF DECLARATION

Proforma- 1

(Distance between residence and School) To be submitted for seeking admission under RTE

I _____ (Name of the Parent) do

hereby declare that my present residential address which is given below is situated at a distance of _____ km/s from Kendriya Vidyalaya Bhawanipatna.

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): RTE/SC/ST/OBC (NCL)/DA/General/SGC/SA

Place : _____

Date : _____

Signature of the Parent

Name : _____

Mobile No : _____

Email id : _____

Annexure -I

SELF DECLARATION (About Submission of Documents)

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 Bhawanipatna 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 provided false/ not true at any point of time, admission will be cancelled and I will be liable to legal actions as per guidelines of KVS and any benefit accrued by me or my ward will be summarily cancelled.

Date : _____

Signature of the Parent

Place : _____

Mobile No : _____

UNDERTAKING

Proforma- 2

(Submission of SC/ST/OBC Certificate)

I _____ (Name of the Parent) do hereby declare that I will submit the Caste Certificate (**SC /ST /OBC (Non Creamy Layer)**) issued by the competent authority in the name of my child (Name of the Child) _____ within _____ days from the date of admission. If I fail to submit the same in the name of my child within this period then I shall have no objection if admission of my Son/Daughter is cancelled.

Submitted to:

The Principal

Kendriya Vidyalaya

Bhawanipatna

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): RTE/SC/ST/OBC (NCL)/DA/General/SGC/SA

Place : _____

Date : _____

Signature of the Parent

Name : _____

Mobile No : _____

Email id : _____

Address : _____

CERTIFICATE FROM THE EMPLOYER***(Regarding Status of Employment & identification of Admission Category in KVS)***

I Sri/Smt./Ms. _____ (Name of the Employer) ,
 designation _____ working in the office of
 _____ department of _____ , government of
 _____ do hereby certify the following in respect of Sri/Smt./Ms.
 _____ (Name of the Employee) whose son/daughter
 _____ (Name of the Child) is seeking admission in Kendriya
 Vidyalaya _____

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/ Part Time/ Adhoc/Daily Wage Basis/Casual -To be written clearly)	
08	This office/organization is Central Government/Central Government Autonomous body/PSU fully or partially financed by Govt. of India/State Government/ State Government Autonomous Body/ PSU fully or partially finance by the state govt. (To be written clearly)	
09	Whether the employee is to be considered as an employee of Central Government/Central Government Autonomous body/PSU fully or partially financed by Govt. of India/State Government/ State Government Autonomous Body/ PSU fully or partially finance by the state govt. (Any one of the above to be written clearly)	
10	Please write any one of the following which is applicable i.e., the child for whom admission is sought <ol style="list-style-type: none"> 1. 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. 2. Children of transferable and non-transferable employees of Autonomous Bodies / Public Sector Undertaking/Institute of Higher Learning of the Government of India. 3. Children of transferable and non-transferable State Government employees. 4. Children of transferable and non-transferable employees of Autonomous Bodies/ Public Sector Undertakings/Institute of Higher Learning of the State Governments. 5. Children from any other category 	
11	Recent Pay/Salary of the Employee with proper Split up	(i) Pay Level : _____ (ii) Pay : _____ (iii) DA : _____ (iv) HRA : _____ (v) Any Other : _____ (vi) 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)

Certified that Sri/Smt. _____ is working as a Regular /permanent/temporary/contractual/part time/casual employee in the capacity of _____ in this office/Ministry/under the Ministry of _____ government of India. He/She is an employee of Defence Service/CRPF/BSF/NSG/SPG/CISF/Central Govt./Central Govt. Autonomous body/Central govt. PSU fully financed/partially financed by the Central Govt. His/her services are non-transferable / transferable anywhere in India.

Complete Address and telephone No. of the Office

Place: _____
Date: _____

Signature of Head of the Office (with Name,
Designation and Office Stamp)

CERTIFICATE OF NUMBER OF TRANSFERS

I _____ (Name) _____ (rank /designation) of _____ (Name of the Office), do hereby certify that during the past 7 years (Up to 31.03.2023) I have been transferred times (In figures & in words) from one station to another. ***(If the distance between the form and to place is at least 20 kms and the minimum period of stay is six months then only it will be considered as a transfer)***. The details of which are given as under:

I know that if the above-mentioned facts are found incorrect, my child will be disqualified for admission in Kendriya Vidyalaya.

Office/Unit and Place	Date of Joining the Office/Unit	Date of Release from the Office/Unit	Period of stay (in days)	Transferred Office/Unit and Place	Distance between the Two Office (in km)	Transfer Order No.

Signature of the Parent

COUNTER SIGNATURE OF OFFICE HEAD

I, _____ (Name) _____ (Rank/Designation) of _____ (Name of the Office/Unit/Department) hereby certify that the particulars given in above have been authenticated by the records held in the office and found correct.

Place: _____
Date: _____

Signature of Head of the Office
(with Name, Designation and Office Stamp)

SERVICE CERTIFICATE (STATE GOVERNMENT)

Certified that Sri/Smt. _____ Is working as a
Regular/permanent/temporary/contractual/part time/casual employee in the capacity of
_____ in this office /Ministry /under the Ministry of
_____ government of _____. He/She is an
employee of (State Govt. / State Govt. Autonomous body/State Govt. PSU fully financed by the State
Govt./partially financed by the state Govt). His/her services are non-transferable / transferable anywhere
in _____.

Complete Address and telephone No. of the Office

Place: _____

**Signature of Head of the Office
(with Name, Designation and Office**

Date: _____

CERTIFICATE OF NUMBER OF TRANSFERS

I _____ (Name) _____ (rank
/designation) of _____ (Name of the Office), do hereby certify
that during the past 7 years (Up to 31.03.2023) I have been transferred _____ times (In
figures & in words) from one station to another. *(If the distance between the form and to place is at
least 20 kms and the minimum period of stay is six months then only it will be considered as a
transfer)*. The details of which are given as under:

Office/Unit and Place	Date of Joining the Office/Unit	Date of Release from the Office/Unit	Period of stay(in days)	Transferred Office/Unit and Place	Distance between the Two Office (in km)	Transfer Order No.

I know that if the above-mentioned facts are found incorrect, my child will be disqualified for admission in
Kendriya Vidyalaya Bhawanipatna.

Signature of the Parent

COUNTER SIGNATURE OF OFFICE HEAD

I, _____ (Name) _____ (Rank/Designation) of
_____ (Name of the Office/Unit/Department) hereby certify that the
particulars given in above have been authenticated by the records held in the office and found correct.

Place: _____

Date: _____

Signature of Head of the Office
(with Name, Designation and Office Stamp)

DIED IN HARNESS CERTIFICATE

Certified that Master/Missis the son/.daughter of
Late Sr./Smt. Who was regular employee of
..... (Office/Department) and he/she died in harness
(while in service) on(date).

Signature oh Head of the Office
(With Name, Designation and Office Stamp)

Place.....

Date.....

Complete address and Telephone No. of office

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