## KENDRIYA VIDYALAYA BHAWANIPATNA <u>DOCUMENTS REQUIRED FOR ADMISSION IN CLASS-I. SESSION 2023-24</u>

The following documents are to be submitted in original along with self attested copies by the parents whose child will beselected and called for admission. Some of the original documents will be returned after verification.

- 1. Filled in Application Form for Admission (Page: 1 & 2 to be printed on both sides of a single paper) The Format may be downloaded from the VidyalayaWebsite.
- 2. Filled in Format for Entry in UBI Portal Format is available in Vidyalaya Website for download &use
- 3. Hard Coy (Print Out) of the Online Application Form: Paste the Colour Passport size photo of the child onit.
- 4. BirthCertificateissuedbythecompetentauthorityshowingdateofbirth(KeeptheOriginalforverification&attach aphotocopy)
- 5. Proof of Residence: Electricity bill/Telephone bill/gas connection or gas delivery receipt/Aadhar Card/bank Pass Book /Quarter Allotment order copy (if residing in govt. allotted quarter) etc. in which the address is mentioned (This should be in the name of either of the parents). If residing in Rented House Rent agreement along with electricity bill of the houseowner.
- 6. Self-declaration about Submission of documents, the distance of the residence from KV Bhawanipatna & UndertakingforCasteCertificate—whereapplicable(TheformatmaybedownloadedfromtheVidyalayaWebsite).
- 7. Certificate of Proof of BloodGroup
- 8. ValidSC/ST/OBC-NCLCertificateissuedbythecompetentauthority(Certificateinthenameoftheparentmaybe acceptedinitially)–lfitisinthenameoftheparentanundertakingshouldbesubmittedtosubmitthecertificatein the name of the child within 03 months from the date ofadmission.
- 9. OBC (Non-Creamy Layer) Certificate issued by the competent authority should not be older than three year. It should be issued on or after 01.04.2020
- 10. Those claiming Economically Weaker Section should submit valid documents i.e. Valid" Income & Asset Certificate to be produced by Economically Weaker Section" issued by the competent authority (Income Certificate will not be accepted in lieu of this): It should be issued during the current Financial Year i.e. on or after01.04.2023, Certificateissuedafter01.04.2022 will be accepted initially, howeverthefreshone issuedafter 01.04.2023 will be submitted by the parent within 0ne month of admission.
- 11. Thoseclaiming **BelowPovertyLine** should submitthe following documents:
  - (a) BPLCard,ifavailableinthenameoftheparentofthechild,butlapsedasondate,thiscanbecountersigned by the BDO of the locality of rural areas/Executive Officer of NAC of Municipality areas to validate the card along with Low Income Certificate/ EWS Certificate/ LabourCard

OR.

(b) PHH Ration Card (New) + Low Income Certificate/ EWS Certificate/LabourCard

OR

(c) Antodaya Anna Yojana Card + Low Income Certificate/ EWS Certificate/MGNREGP Job Card/LabourCard

An Affidavit to the effect that as on date the Parent and his family belongs to BPL Category and Low-Income Group

- 12. Valid Handicapped Certificate issued by the competent authority those claiming differentlyabled.
- 13. A Service Certificate (By Government Employees) showing the number of transfers during the preceding 7 years issued by the competent authority- **ORIGINAL** (Those claimed Service Category 1/2/3/4) Format may be downloaded from the VidyalayaWebsite
- 14. Certificate from the employer showing the Pay particulars of the employee, the status of employment and nature oftheestablishment-**ORIGINAL**(ApplicableonlyforGovernmentemployees–ThoseclaimedServiceCategory: 1/2/3/4) should be in the prescribed format available in Vidyalayawebsite
- 15. For government employees ID card issued by the employee/last month's payslip
- 16. ForEx-ServiceMan–BonafideCertificate&TransferdetailscountersignedbytheZilla/RajyaSainikBoardorany competent authority, Copy of Discharge Book, Copy ofPPO.
- 17. Copy of TransferOrders
- 18. For Single Girl Child An affidavit (ORIGINAL) from the Notary in the prescribed format available in Vidyalaya Website.
- 19. Aadhar Card (Child, Father, Mother)
- 20. Any other documents as required by the admission committee as per the demand of thesituation

#### NOTE:

- a. The documents from SI. No. 1 to 7 are compulsory for all and SI.No. 8 to 20 are for the cases where applicable.
- **b.** Different Formats are available in School Website under the head "ADMISSION FORMATS" in Pdf maybe downloaded for use.

**PRINCIPAL** 

### **CHECK LIST OF DOCUMENTS**

| PART | -A (Details of the Child)     |                 |   |
|------|-------------------------------|-----------------|---|
| 1.   | Name oftheChild               | :               |   |
| 2.   | Class to whichadmissionsought | : I (Class One) |   |
| 3.   | Session                       | :2023-24        |   |
| 4.   | ApplicationSubmissionCode     | <u>:</u>        | _ |

5. Selected under the category of :RTE/Cat-I/Cat-II/SC/ST/OBC(NCL)/DA/SAQ

6. Serial Number in the Selection List :\_\_\_\_\_\_

### 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          | Filled in Application Form for Admission (Page: 1 & 2 to be printed on both sides of a single paper)                                                      |            |         |
| 2          | Filled in Format for Entry in UBI Portal                                                                                                                  |            |         |
| 3          | Hard Copy (Print out) of the Online Application Form                                                                                                      |            |         |
| 4          | Birth Certificate (Both Original & a Photocopy)                                                                                                           |            |         |
| 5          | Residence Proof (Mention the type in Remark column)                                                                                                       |            |         |
| 6          | Self Declaration of submission of correct information and documents, Distance from School to Residence                                                    |            |         |
| 7          | Certificate of Proof of Blood Group                                                                                                                       |            |         |
| 8          | Caste Certificate (SC/ST/OBC-NCL) – (Specify whether in the name of the child or parent in Remarks Column                                                 |            |         |
| 9          | Undertaking (If Caste Certificate in the name of the Parent)                                                                                              |            |         |
| 10         | Income & Asset Certificate for Claiming Economically Weaker Sections                                                                                      |            |         |
| 11         | BPL Card/ Proof of claiming BPL (Write Names of documents in Remark Column)                                                                               |            |         |
| 12         | Handicapped Certificate (Specify % of disability and type of disability in Remarks Column)                                                                |            |         |
| 13         | Service Certificate & Certificate showing no. of transfers (ORIGINAL) (Specify category of employee i.e. state govt./central govt. etc in Remarks Column) |            |         |
| 14         | Certificate from the employer – in prescribed format available in Vidyalaya Website (ORIGINAL)                                                            |            |         |
| 15         | Employee ID card/Last month's pay slip (Specify Employee Code in Remarks Column)                                                                          |            |         |
| 16         | Transfer Orders (Specify number of transfers in preceding 7 years as on 31.03.2022 in the remarks column)                                                 |            |         |
| 17         | For Ex-Service Man ID proof/Discharge Book (Specify the date of discharge in Remarks Column)                                                              |            |         |
| 18         | For Ex-Service Man Certificate of transfers counter signed by the Authority (ORIGINAL) - (Specify no. of transfers in Remarks Column)                     |            |         |
| 19         | For Single Girl Child Affidavit (ORIGINAL) – (Specify the date of issue in Remarks Column)                                                                |            |         |
| 20         | Aadhar Card (Child, Father, Mother)                                                                                                                       |            |         |
| 21         | 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)

|            | <u>VerifyingOfficer -1</u> | <b>Verifying Officer-2</b> |
|------------|----------------------------|----------------------------|
| Remarks:   |                            |                            |
| Signature: |                            |                            |

I/CAdmission

Name & design.:

Counter Signed by the Principal

### KENDRIYA VIDYALAYA BHAWANIPATNA STUDENT INFORMATION FOR ENTRY IN UBI PORTAL

| Year of Admission in this KV                                                                                                                | 2023 |
|---------------------------------------------------------------------------------------------------------------------------------------------|------|
| Admission No.                                                                                                                               | 00   |
| Student Name                                                                                                                                |      |
| Father/Guardian Name                                                                                                                        |      |
| Mother Name                                                                                                                                 |      |
| New Admission                                                                                                                               | Yes  |
| Class                                                                                                                                       |      |
| Section                                                                                                                                     |      |
| Admission Category (I/II/III/IV/V)                                                                                                          |      |
| Date of Birth (DD/MM/YYYY)                                                                                                                  |      |
| Gender (Boy/Girl/Third Gender)                                                                                                              |      |
| Physically Disabled (Yes/No)                                                                                                                |      |
| Category (General/SC/ST/OBC-NCL)                                                                                                            |      |
| Minority                                                                                                                                    |      |
| BPL (Yes/No)                                                                                                                                |      |
| Mobile Number                                                                                                                               |      |
| Email                                                                                                                                       |      |
| Blood Group                                                                                                                                 |      |
| Aadhar No.                                                                                                                                  |      |
| Account No.                                                                                                                                 |      |
| Account label                                                                                                                               |      |
| IFSC Code                                                                                                                                   |      |
| Select for Payment:<br>Q1(Apr-Jun)/ Q2(Jul-Sep)/Q3(Oct-Dec)/Q4(Jan-Mar)                                                                     |      |
| Eligible for Reimbursement (Yes/No)                                                                                                         |      |
| Admission Under RTE (Yes/No)                                                                                                                |      |
| Exemption under Sibling (Yes/No)                                                                                                            |      |
| Single Girl Child (Yes/No)                                                                                                                  |      |
| KVS Employees Children (Yes/No)                                                                                                             |      |
| Emergency Assistance (Yes/No)                                                                                                               | No   |
| Court Case (Yes/No)                                                                                                                         | No   |
| Exemption under Article 123-124 (NA/Full)                                                                                                   | NA   |
| Children of Armed/Para Forces whose parents killed/disabled during hostilities, operation Meghdoot and Vijay                                | No   |
| Children of Armed/Para Forces whose parents killed/declared missing or disabled during any counter insurgency operations in India or Abroad | No   |
| Unique Students ID (To be entered by the Class Teacher after entry)                                                                         |      |

Signature:

1. Parent 2.l/cAdmission 3. Class Teacher

# SELF DECLARATION (Submission of Documents & Information)

| I                                  |                  |                              | Father /M         | other of   | f Master/    | Miss      |
|------------------------------------|------------------|------------------------------|-------------------|------------|--------------|-----------|
|                                    |                  | age                          | years             | ,          | resident     | of        |
|                                    |                  |                              | (Compl            | ete Addre  | ess) , do he | <br>ereby |
| declarethattheinformationgivenin   | admissionformo   | ftheadmissioninKer           | ndriyaVidyalaya   | aBhawanir  | atnaand      | •         |
| intheencloseddocumentsistruetoth   |                  |                              |                   | _          |              | ı well    |
| aware of the fact that if the in   |                  |                              |                   |            |              |           |
|                                    |                  |                              |                   |            |              |           |
| admissionhastobedeemedcancelle     |                  | ietopumsiimeiitaspe          | rguidennesork     | v Sandthet | benefit acc  | crued     |
| by me or my ward will be summa     | ırılycancelled.  |                              |                   |            |              |           |
|                                    |                  |                              |                   |            |              |           |
| Date :                             | _                | _                            | e of the Parent   |            |              |           |
| Place                              | :                | MobileNo :                   |                   |            |              |           |
|                                    | ODI D I          |                              | <b>N</b> T        |            |              |           |
| (Distance from Sch                 |                  | DECLARATION  Oce) – For Cand |                   | ed under   | r RTF        |           |
| Distance from Sen                  | oor to resider   | ice - For Cana               | idates select     | cu unuci   | <u> KIL</u>  |           |
| I                                  |                  |                              | Mother of Maste   |            |              |           |
| ~ .                                |                  |                              |                   |            |              | sion      |
| Code:                              |                  |                              | idence address    | as mention | ied in the   |           |
| RegistrationForm                   |                  |                              |                   |            |              |           |
| (Con                               | mplete Address a | as mentioned in the          | Online Registra   | ation Form | ), do hereb  | y         |
| declare that the distance between  | Kendriya Vidya   | laya Bhawanipatna            | and the above i   | mentioned  | residenceis  |           |
| km .                               |                  |                              |                   |            |              |           |
|                                    |                  |                              |                   |            |              |           |
| Date :                             | _                |                              | e of the Parent   |            |              |           |
| Place                              | :                | MobileNo :                   |                   |            |              |           |
|                                    |                  |                              |                   |            |              |           |
|                                    |                  | DERTAKING                    | , • C•            |            |              |           |
| _                                  | v                | SC/ST/OBC Ce                 | ,                 | 1 1 1      | 1 41 4 T     | .11       |
| submit the Caste Certificate (SC/S | ST/ORC- Non-C    |                              | of the Parent) do |            |              |           |
| ofmy child                         |                  |                              |                   |            |              |           |
| date of admission of my ward in l  |                  |                              |                   |            |              |           |
| my child within this period the ad | lmission of my w | vard will be summa           | rilycancelled.    |            |              |           |
|                                    |                  |                              |                   |            |              |           |
| Date :                             | _                | Signature                    | e of the Parent   |            |              |           |
| Place                              | :                | MobileNo :                   |                   |            |              |           |

# SERVICE CERTIFICATE (CENTRAL GOVERNMENT)

| Certified tha   | t Sri/Smt.    |                 |            |                         |                       | is work                   | ing as a     |
|-----------------|---------------|-----------------|------------|-------------------------|-----------------------|---------------------------|--------------|
| regular/permai  | nent/tempora  | ry/contractua   | l/part     | time/casual emp         | oloyee i              | n the cap                 | pacity of    |
|                 | _             |                 | in         | this office/Mir         | nistry/under          | the Mir                   | nistry of    |
|                 |               |                 | governi    | ment of India. He       | •                     |                           | of Defence   |
| Service/CRPF/   | /BSF/NSG/S    | PG/CISF/Cer     |            | t./Central Govt. Aut    |                       |                           |              |
|                 |               |                 |            | herservicesarenon-tra   |                       | •                         | •            |
| Complete Add    | •             | •               |            |                         | 1151014010/111        | morerable and with        | nem maia.    |
| Complete Add    | ress and tele | <u> </u>        | the Offi   | <u>ce</u>               |                       |                           |              |
| -               |               |                 |            |                         |                       |                           |              |
|                 |               |                 |            |                         |                       |                           |              |
| Place:          |               |                 |            | Signature of Head       | of the Offic          | ce                        |              |
|                 |               |                 | (wit       | h Name, Designation     | and Office S          | Stamp)                    |              |
| Date:           |               |                 |            |                         |                       |                           |              |
|                 |               |                 |            |                         |                       |                           |              |
|                 |               |                 |            |                         |                       |                           |              |
|                 |               | <u>CERTIFIC</u> | CATE O     | F NUMBER OF TR          | <u>ANSFERS</u>        |                           |              |
| I               |               |                 |            | (Name)                  |                       |                           | (rank        |
| /designation)or |               |                 |            |                         | e of the Of           | fice), do hereby          |              |
|                 |               | to 31.03.202    | 3) I have  | been transferred        |                       |                           |              |
|                 |               |                 |            | ice between the form    |                       |                           |              |
|                 |               | six months t    | hen only   | it will be considered   | l as a transj         | <i>fer</i> ). The details | of which are |
| given asunder:  |               | entioned foots  | one form   | dingomnat my shild      | will be dies          | valified for admi         | aaian in     |
|                 |               | entioned facts  | are roun   | d incorrect, my child   | will be disq          | uanned for admi           | SSIOII III   |
| Kendriya Vidy   | alaya.        |                 |            |                         |                       |                           |              |
|                 | Date of       | Date of         | Period     |                         | Distance              |                           |              |
| Office/Unit     | Joining       | Release         | of stay    | Transferred             | between               | Transfer Order            |              |
| and Place       | the Office/   | from the        | (in        | Office/Unit and Place   | the Two<br>Office (in | No.                       |              |
|                 | Unit          | Office/Unit     | days)      |                         | km)                   |                           |              |
|                 |               |                 |            |                         |                       |                           |              |
|                 |               |                 |            |                         |                       |                           | _            |
|                 |               |                 |            |                         |                       |                           |              |
|                 |               |                 |            |                         |                       |                           | _            |
|                 |               |                 |            |                         |                       |                           |              |
|                 |               |                 |            |                         |                       |                           | _            |
|                 |               |                 |            |                         |                       |                           |              |
|                 |               |                 |            |                         |                       |                           | -            |
|                 |               |                 |            |                         |                       |                           |              |
|                 |               |                 |            | 1                       |                       | 1                         |              |
|                 |               |                 |            |                         |                       |                           |              |
|                 |               |                 |            | _                       | nature of th          | e Parent                  |              |
|                 |               |                 |            | TER SIGNATURE           |                       |                           |              |
| Ι,              |               | (Nan            | ne)        | 0.001 77.1 75           | (Rank/De              | esignation)of             |              |
| 1               |               |                 |            | e Office/Unit/Departm   |                       |                           | particulars  |
| given in above  | have been a   | uthenticated t  | by the rec | cords held in the offic | e and found           | correct.                  |              |
|                 |               |                 |            |                         |                       |                           |              |
| Place:          |               |                 |            | Signature of Head       | of the Office         | re                        |              |
|                 |               |                 | (wit       | h Name, Designation     |                       |                           |              |
| Date:           |               |                 | (1116      |                         | 0111001               | <del></del>               |              |

# SERVICE CERTIFICATE (STATE GOVERNMENT)

| Certified that     |                     |                          |                  |                                          |                    | is work           | king as a      |
|--------------------|---------------------|--------------------------|------------------|------------------------------------------|--------------------|-------------------|----------------|
|                    | _                   | =                        | _                | -                                        | oloyee i           |                   | pacity of      |
|                    |                     | ir                       |                  |                                          | ry /unde           |                   | nistry of      |
|                    | / 0 0               |                          |                  | overnmentof                              |                    |                   |                |
|                    |                     |                          |                  | State Govt. PSU ful                      |                    |                   | ovt./partially |
| financed by th     | ie state Gov        | t. His/ner se            | ervices a        | re non-transferable /                    | transferab         | le anywnere in    |                |
| Complete Addr      | eoss and tolo       | <br>nhone No. of         | the Offi         | co.                                      |                    |                   |                |
| Complete Auur      | ess and tele        | <u> </u>                 | me Ojji          | <u>ce</u>                                |                    |                   |                |
|                    |                     |                          |                  |                                          |                    |                   |                |
|                    |                     |                          |                  |                                          | <del></del>        |                   |                |
| Place:             |                     |                          |                  | Signature of Head                        |                    |                   |                |
|                    |                     |                          | (with            | h Name, Designation                      | and Office S       | Stamp)            |                |
| Date:              |                     |                          |                  |                                          |                    |                   |                |
|                    |                     |                          |                  |                                          |                    |                   |                |
|                    |                     | CEDTIFIC                 | CATE O           | F NUMBER OF TR                           | A NCEEDC           |                   |                |
|                    |                     | CERTIFIC                 | AILO             | F NUMBER OF TR                           | ANSFERS            |                   |                |
| I                  |                     |                          |                  | (Name)                                   |                    |                   | (rank          |
| /designation)of    |                     | . 21 02 202              | 2) 11            |                                          |                    | ffice), do hereby | •              |
|                    |                     |                          |                  | been transferred<br>ace between the form |                    |                   | figures & in   |
|                    |                     |                          |                  | it will be considered                    |                    |                   |                |
| given asunder:     |                     |                          |                  |                                          |                    |                   | _              |
|                    | Date of             | Date of                  | Period           |                                          | Distance           |                   |                |
| Office/Unit        | Joining             | Release                  | of               | Transferred                              | between<br>the Two | Transfer Order    |                |
| and Place          | the Office/<br>Unit | from the<br>Office/ Unit | stay(in<br>days) | Office/Unit and Place                    | Office (in         | No.               |                |
|                    |                     |                          |                  |                                          | km)                |                   | -              |
|                    |                     |                          |                  |                                          |                    |                   |                |
|                    |                     |                          |                  |                                          |                    |                   |                |
|                    |                     |                          |                  |                                          |                    |                   |                |
|                    |                     |                          |                  |                                          |                    |                   |                |
|                    |                     |                          |                  |                                          |                    |                   | _              |
|                    |                     |                          |                  |                                          |                    |                   |                |
|                    |                     |                          |                  |                                          |                    |                   | -              |
|                    |                     |                          |                  |                                          |                    |                   |                |
| I know that if the | he above me         | ntioned facts            | are foun         | d incorrect, my child                    | will be disq       | ualified for admi | ssion in       |
| Kendriya Vidya     |                     |                          |                  |                                          | 1                  |                   |                |
|                    |                     |                          |                  | a.                                       | 0.1                |                   |                |
|                    |                     |                          | COLIN            | _                                        | nature of th       | e Parent          |                |
| I.                 |                     | (Nam                     |                  | TER SIGNATURE                            | (Rank/De           | signation)of      |                |
|                    |                     | (Na                      | me of the        | e Office/Unit/Departm                    | ent) hereby        | certify that the  | particulars    |
| given in above     | have been a         | uthenticated b           | y the rec        | cords held in the office                 | e and found        | correct.          |                |
|                    |                     |                          |                  |                                          |                    |                   |                |
| Dlaca              |                     |                          |                  | Signature of Used                        | of the Offic       | 20                |                |
| Place:             |                     |                          | (wit)            | Signature of Head h Name, Designation    |                    |                   |                |
| _                  |                     |                          | ( 11 11          | i i tairio, Dobigilationi                | 011100 1           | Jump)             |                |

### CERTIFICATE FROM THE EMPLOYER

(Regarding Status of Employment & identification of Admission Category in KVS)

| I      | Sri/Smt./Ms.                                                                                                        |           | _ (Nan           | ne of              | the         | Employer)            | ,         |
|--------|---------------------------------------------------------------------------------------------------------------------|-----------|------------------|--------------------|-------------|----------------------|-----------|
| design | ation v                                                                                                             | working   | in               | the                |             | office               | of        |
|        | department                                                                                                          | of        |                  |                    | _ ,         | government           | of        |
|        | do hereby certify                                                                                                   | the       | following        |                    | spect       | of Sri/Sn            | nt./Ms.   |
|        | (Name                                                                                                               | of        | the              | Employee)          | who         |                      | aughter   |
|        |                                                                                                                     | Child) is | s seeking ad     | mission in Ke      | ndriya Vi   | ldyalaya             |           |
|        | anipatna.                                                                                                           |           |                  |                    |             |                      |           |
| 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/Contractu                                               | ual/      |                  |                    |             |                      |           |
| 07     | Part Time/ Adhoc/Daily Wage Basis/Casual -To be written clearly)                                                    |           |                  |                    |             |                      |           |
|        | This office/organization is <b>Central Government</b> /Central Government                                           |           |                  |                    |             |                      |           |
| 08     | Autonomous body/PSU fully or partially financed by Govt. of India/State                                             |           |                  |                    |             |                      |           |
|        | Government/ Sate Government Autonomous Body/ PSU fully or partially                                                 | у         |                  |                    |             |                      |           |
|        | finance by the state govt. (To be written clearly)                                                                  |           |                  |                    |             |                      |           |
|        | Whether the employee is to be considered as an employee of                                                          |           |                  |                    |             |                      |           |
| 09     | Government/Central Government Autonomous body/PSU fully or p                                                        | -         |                  |                    |             |                      |           |
|        | financed by Govt. of India/State Government/ Sate Government Autor                                                  | nomous    |                  |                    |             |                      |           |
|        | Body/PSUfullyorpartiallyfinancebythestategovt.(Anyoneoftheabovetobe                                                 |           |                  |                    |             |                      |           |
|        | written clearly)                                                                                                    |           |                  |                    |             |                      |           |
|        | Please write any one of the following which is applicable i.r.o. the child                                          | for       |                  |                    |             |                      |           |
|        | whom admission is sought                                                                                            |           |                  |                    |             |                      |           |
|        | Children of transferable and non-transferable Central gove employees and children of ex- servicemen. This will also |           |                  |                    |             |                      |           |
|        | children of Foreign National officials, who come on deputa transfer to India on invitation by Govt. ofIndia.        | ntion or  |                  |                    |             |                      |           |
|        | 2. Children of transferable and non-transferable employe                                                            |           |                  |                    |             |                      |           |
| 10     | Autonomous Bodies / Public Sector Undertaking/Institute of Learning of the Government ofIndia.                      | Higher    |                  |                    |             |                      |           |
|        | Children of transferable and non-transferable State Gove                                                            | ernment   |                  |                    |             |                      |           |
|        | employees.                                                                                                          |           |                  |                    |             |                      |           |
|        | 4. Children of transferable and non-transferable employe                                                            |           |                  |                    |             |                      |           |
|        | Autonomous Bodies/ Public Sector Undertakings/Institute of Learning of the StateGovernments.                        | Higher    |                  |                    |             |                      |           |
|        | 5. Children from any othercategory                                                                                  |           |                  | - · ·              |             |                      |           |
|        |                                                                                                                     |           | (i)              | Pay Level:         |             | _                    |           |
|        |                                                                                                                     |           | (ii)             | Pay:<br>DA:        |             |                      |           |
| 11     | Recent Pay/Salary of the Employee with proper Split up                                                              |           | (iii)<br>(iv)    | HRA:               |             |                      |           |
| 11     | Recent ray/satary of the Employee with proper Split up                                                              |           | (v)              | AnyOther_          |             |                      |           |
|        |                                                                                                                     |           | (vi)             | Any Other:         |             |                      |           |
|        |                                                                                                                     |           | (vii)            | Total:             |             | -                    |           |
| - 12   |                                                                                                                     |           | (,,,)            |                    |             |                      |           |
| 12     | Whether the employee is drawing the consolidated pay                                                                |           |                  |                    | YES / NO    |                      |           |
| Place: |                                                                                                                     |           |                  |                    |             |                      |           |
|        |                                                                                                                     |           |                  |                    |             |                      |           |
| Date:  |                                                                                                                     | Sig       | gnature of the C | Certifying Authori | ty with Sea | 1                    |           |
|        |                                                                                                                     |           |                  |                    |             |                      |           |
|        |                                                                                                                     |           |                  |                    | C           | -1-4- A 44 - 6-4-1-  | - Ofc.    |
|        |                                                                                                                     |           |                  |                    | Comp        | olete Address of the | e Office: |
|        |                                                                                                                     |           |                  | Telephonel         | Number:_    |                      |           |

## AFFIDAVIT FOR SINGLE GIRLCHILD

Rs. 100/- Stamp Paper (Notary) Affidavit

| I     |                                       | aged                         | years                   | , Indianinhabitant       |
|-------|---------------------------------------|------------------------------|-------------------------|--------------------------|
| occup | ation                                 |                              | Resid                   | ent of                   |
|       |                                       |                              |                         | is mother/father of      |
|       |                                       | DateofBirth                  |                         | submitting               |
| my    | undertaking to the Head               | of the Institution           | for admission           | of my daughter           |
|       |                                       | in Class-I (One              | e) vide KVS Admissio    | n Guidelines2023-24      |
| 1.    | I hereby declarethatMiss              |                              | isth                    | neonlygirlchildinmy      |
|       | family (with no male/female siblin    | ng). I understand that it s  | shall be my sole respo  | nsibility to inform you  |
|       | about any change in status of Singl   | e Girl Child in the famil    | y immediately, if and   | when itoccurs.           |
| 2.    | I am also aware that in case it is de | etected at any time that the | ne affidavit sworn by r | me is false, appropriate |
|       | action will be taken by the school a  | authorities and KVS agai     | nstme.                  |                          |
|       | SignatureofFather                     |                              | Signature of Mother     |                          |
|       | Residential Address with Contact      | <u>Number:</u>               |                         |                          |
|       | Solemnly                              | affirmedat:                  |                         |                          |
|       | This                                  | (Day)of                      | (Month) of 2023(        | Year)                    |
|       | Explained and Identified by me,       | BEFORE ME                    |                         |                          |
|       | Advocate                              |                              |                         |                          |

**Page-2/2** 

## AFFIDAVIT FOR SINGLE GIRLCHILD

| I, Fath | er of (SingleGirlChild)                                                                 | &Mot         | her   |
|---------|-----------------------------------------------------------------------------------------|--------------|-------|
| of (S   | ingle Girl Child)                                                                       | residing     | at    |
|         |                                                                                         |              |       |
|         |                                                                                         | do           |       |
| solemi  | nly declare that we have n other childexcept                                            | (Name of     | f the |
| Single  | GirlChild).                                                                             |              |       |
| 1.      | That I am citizen ofIndia.                                                              |              |       |
| 2.      | Thatis my realdaugh                                                                     | ter.         |       |
| 3.      | That her date of birthis                                                                |              |       |
| 4.      | That I have a Single Daughter and no other child in myfamily.                           |              |       |
| 5.      | That my above-mentioned daughter has no brother orsister.                               |              |       |
| 6.      | That I will inform the School authority in case another son or daughter is born in myfa | mily.        |       |
| 7.      | If any information or documents are found incorrect on verification, the admission of   | my ward mag  | y be  |
|         | treated as canceled, I will not sustain any claim against the decision of Principal, Ke | ndriya Vidya | laya  |
|         | Bhawanipatna.                                                                           |              |       |

Deponent