#### KENDRIYA VIDYALAYA BHAWANIPATNA

### **DOCUMENTS REQUIRED AT THE TIME OF ADMISSION INTO CLASS-I AND OTHERS**

- 1. Online Registration application form.
- 2. Attested copy of <u>Date of Birth</u> issued by Competent Authority.
- 3. Attested copy of certificate issued by Competent Authority for <u>SC/ST/OBC NON-CREAMY LAYER/ PH(DIVYANG)</u> /Disadvantaged Group/EWS if applicable, failing which it will not be considered under reserved category.
- 4. Service certificate duly attested by the DD0/ Competent authority in prescribed format of KVS.
- 5. Proof of <u>number of transfers</u> during last seven years. (April 2015- March 2022) duly certified by DDO/Competent authority in KVS prescribed format.
- 6. <u>Proof of Residence</u> in the name of child's parent in the form of telephone/electricity bill/LPG Connection in the name of the parents along with VOTER ID. If a parent is staying in a rented house, a certificate/ rent agreement from the house owner should be obtained along with his/ her proof of residence along with VOTER D or certificate issued by competent authority in case of a government servant.
- 7. <u>Self-declaration about the distance of place of residence</u> from KV Bhawanipatna (In case of RTE admission only)
- 8. Photograph of the child must be pasted in space provided in Registration Form.
- 9. If the parent is under <u>BPL/EWS Category</u>, the certificate in the name of parent and EWS certificate in the name of the child must be submitted otherwise the application will not be considered in BPL/EWS category. <u>An affidavit</u> to the effect the documents submitted are correct if found incorrect, admission may summarily be rejected.
- 10. <u>Original Transfer certificate</u> counter signed by BEO/DEO/Competent authority (Class-II onwards).
- 11. A recent affidavit sworn by both parents in before the 1st <u>class Executive Magistrate for Single Girl Child (SGC).</u>
- 12. Pathological Report of Blood Group with Rh factor, self-attested by the parent.
- 13. Attested Copy of Aadhar Card.
- 14. E-Mail ID.
- 15. Active contact number of parents {At least one contact number should be WhatsApp number)

#### \*NOTE\*

- 1. Registration forms not supported by requisite documents or incomplete forms or forms giving wrong information will be summarily rejected & the Competent Authority will not be responsible for the same.
- 2. Mere registration does not confer the right to admission.

### CERTIFICATE FROM THE EMPLOYER

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

designation working in the office department of, gov	
department of gov	
· · · · · · · · · · · · · · · · · · ·	ernment of
• • • • • • • • • • • • • • • • • • • •	Sri/Smt./Ms.
(Name of the Employee) whose s (Name of the Child) is seeking admission i	son/daughter
Vidyalaya No.3 Bhubaneswar	iii Kelidirya
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)	
Designation of the employee	
05 Employee Code / Employee Identity No.	
Name of the office where the employee is presently posted	
Status of Employment (Whether Permanent/ Regular/ Temporary/Contractual/	
Part Time/ Adhoc/Daily Wage Basis/Casual -To be written clearly)	
This office/organization is Central Government/Central Government	
Autonomous body/PSU fully or partially financed by Govt. of India/State	
Government/ Sate Government Autonomous Body/ PSU fully or partially	
finance by the state govt. (To be written clearly)  Whether the employee is to be considered as an employee of Central	
Whether the employee is to be considered as an employee of Central Government/Central Government Autonomous body/PSU fully or partially	
609 financed by Govt. of India/State Government/ Sate Government Autonomous	
Body/ PSU fully or partially finance by the state govt. (Any one of the above to	
be written clearly)	
Please write any one of the following which is applicable i.r.o. the child for	
whom admission is sought	
<ol> <li>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.</li> <li>Children of transferable and non-transferable employees of Autonomous Bodies / Public Sector Undertaking/Institute of Higher Learning of the Government of India.</li> <li>Children of transferable and non-transferable State Government</li> </ol>	
employees.	
<ol> <li>Children of transferable and non-transferable employees of Autonomous Bodies/ Public Sector Undertakings/Institute of Higher Learning of the State Governments.</li> <li>Children from any other category</li> </ol>	
(i) Pay Level:	
(ii) Pay:	
(iii) DA:	
11 Recent Pay/Salary of the Employee with proper Split up (iv) HRA:	
(v) Any Other	
(vi) Any Other:	
(vii) Total:	
12 Whether the employee is drawing the consolidated pay YES	S / NO
Place: Date: Signature of the Certifying Authority wit	h Seal
Complete Address	ss of the Office:
Telephone Number:	

# सेवा प्रमाणपत्र / Service Certificate

( केन्द्रीय सरकार / Central Govt.)

प्रमाणित है कि श्री / श्रीमती नियमित कर्मचारी के रूप में कार्यरत हैं। वे रक्षा सेवा / केंद्रीय रिज़र्व एस.पी.जी / सी.आई.एस.एफ. / केंद्रीय सरकार स्वायित संस्था अथव आंशिक रूप से केंद्र सरकार से वित-पोषित हैं, के नियमित कर्मचारी भारत में कहीं भी स्थानांतरणीय है।	। पुलिस बल / सीमा सुरक्षा बल / एन.एस.जी. / वा सार्वजनिक क्षेत्र के उपक्रम, जो पूर्ण या
Certified that Shri/Smt	F / NSG / SPG / CISF / Central Govt. / ced / partially finance by the Central
( With	कार्यालय अध्यक्ष के हस्ताक्षर (नाम, पद और कार्यालय की मोहर सहित ) Signature of head of the Office n Name, Designation and Office Stamp)
स्थान/Placeदिनांक/Date कार्यालय का पूर्ण पता औरदूरभाष संख्या/ Complete address ar	nd Telephone No. of office

# **Service Certificate**

(राज्य सरकार / State Govt.)

प्रमाणित है कि श्री / श्रीमती नियमित कर्मचारी के रूप में कार्यरत हैं तथा उनकी सेवा अस्थान स्थानांतरणीय है।	कार्यालय / मंत्रालय में गांतरणीय है / पूर्ण  राज्य में कहीं भी
Certified that Shri/Smt	
( V	कार्यालय अध्यक्ष के हस्ताक्षर (नाम, पद और कार्यालय की मोहर सहित ) Signature of head of the Office Vith Name, Designation and Office Stamp)
स्थान/Placeदिनांक/Date कार्यालय का पूर्ण पता औरदूरभाष संख्या/ Complete address	and Telephone No. of office

## स्थानांतरण संख्या प्रमाण पत्र / CERTIFICATE OF NUMBER OF TRANSFERS

मैं, द्वारा प्रमाणित	नाम . करता / करती । (अंकों व शब	हूँ पिछले सात <sup>्</sup> दों में) स्थानांतर	(रैंक / पदनाम साल(31/3/202 ण हुए जिनका	न) ) में एक स्थाब विवरण नीचे दि	(क न से दूसरे  स्थान या गया है ।	ार्यालय ), एतद 1 पर  मेरे
hereby certify that	at during the pas	t 7 years (up to 3	1.03.202) I ha	.(rank/designatio ve been transfer ls of which are gi	red	
स्थान से / Office /Unit and Place	अवधि दिनांक से / Date of joining the Office/Unit	अवधि दिनांक तक / Date of release from the Office/Unit	ठहरने की अवधि / Period of Stay ( in months)	स्थान तक / Transferre d Office / Unit and Place	द्री (किमी)/ Distance between the two Office (in km)	स्थानांतरण आदेश संख्या / Transfer Order No.
अयोग्य हो जाये	गा।``			मेरा बच्चा केंद्रीय nild will be disqua	•	
स्थान/ Place . दिनांक/ Date .					गता ∕पिता  के ह ignature of Pa	

## प्रतिहस्ताक्षर / Countersignature

मैं, नाम	(रैंक / पदनाम)(कार्यालय ), एतद
द्वारा प्रमाणित करता / करती हूँ कि उपरोक्त र्व	विषय विवरण को कार्यालय-आलेखों से जांच लिया गया है व
सही पाया गया है।	
	(rank/designation) of reby certify that the particulars given in above have been bound correct.
स्थान/ Place दिनांक/ Date	सक्षम अधिकारी के हस्ताक्षर (नाम, पद और कार्यालय की मोहर सहित) Signature of Competent Authority (with Name, Designation and Office Stamp)
	Office
टिप्पणी / Note :	
एक स्थान पर ठहरने की अवधि कम से कम छह	इमास होनी चाहिए।

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

## Self Declaration for distance between school and residence

I	father/mother of	
bearing Application S	Submission Code	declare
that the radial distan	ce between school and c	our residence
is	km.	
Date <sup>.</sup>		Signature of the parent

# DIED IN HARNESS CERTIFICATE

प्रमाणित किया जाता है कि कुमार / कुमारी	स्वर्गीय श्री /
श्रीमती	के पत्र /पत्री  हैं जो
(कार्यालय / विभाग) व	में नियमित रूप से सेवारत थे / थीं और उनका
देहावसान सेवाकाल की अवधि में दिनांक	
Certified that Master/Missson.daughter of Late Sr./Smt.	
regular employee ofhe/she died in harness ( while in service) on	( Office/Department) and
	कार्यालय अध्यक्ष के हस्ताक्षर (नाम, पद और कार्यालय की मोहर सहित ) Signature oh Head of the Office (With Name, Designation and Office Stamp)
स्थान/Place दिनांक/Date कार्यालय का पूर्ण पता औरदूरभाष संख्या/ Complete add	