



केंद्रीय विद्यालय दिगपहंडी, गंजाम, ओडिशा
KENDRIYA VIDYALAYA DIGAPAHANDI, GANJAM, ODISHA
प्रवेश के लिए आवेदन पत्र/APPLICATION FOR ADMISSION

(For Office Use –Fill in “Red” ink)

Admission No: Date of Admission: Session:
Class: Adm. Catg: Caste: Admission Quota:
Online/Offline Registration No/T.C.No: UBI ID:

(FILL ALL THE DETAILS IN CAPITAL LETTERS – Fill in “Blue/Black” ink)

Name of Child:.....

Date of Birth (In Figure
DD/MM/YYYY):

| | | | | | | | | | | | | |
|--|--|--|--|--|--|--|--|--|--|--|--|--|
| | | | | | | | | | | | | |
|--|--|--|--|--|--|--|--|--|--|--|--|--|

In words.. ..

Age as on **31.03.2020**: Years..... Months..... Days.....

Father’s Name:

Mother’s Name: (Parent’s Signature)

Paste a recent
passport size
photograph
here

(OTHER DETAILS OF STUDENT)

Blood Group: Sex: Caste: (Gen/SC/ST/OBC): SGC/EWS/PH:

Aadhar no.of Child:

| | | | | | | | | | | | | | | | | | | | |
|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|
| | | | | | | | | | | | | | | | | | | | |
|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|

Religion: Mother Tongue: Home Town: State:

(OTHER DETAILS OF PARENT)

| Details | Mother’s details | Father’s details |
|---|------------------|------------------|
| Occupation: | | |
| Mobile no: | | |
| E-mail ID: | | |
| Residential Address: | | |
| Office Address With Telephone no. | | |
| Nationality: | | |
| No.of transfers during last 07 years (as on 31.03.2020) | | |
| Name of Local Guardian (If any) | | |

Certificate:

I certify that all the above entries are true and are based on documentary evidences with me. I understand that the above details are to be recorded in the school admission register and I will be personally responsible for any kind of error or wrong information provided by me.

(Signature of Parent)

Date:

Name of parent:.....

FOR THE OFFICE USE ONLY

1. प्रमाणित किया जाता है कि मैंने आवेदन-पत्र और सम्बद्ध कागजातों की जांच कर ली है।

Certified that I have checked the application form and the relevant papers are found in order.

Admission Incharge

2. सम्बद्ध कागजातों के निरीक्षणोपरांत एवम् शुल्क प्राप्तोपरांत कक्षा.....वर्ग..... में प्रवेश दे।

Please admit.....to class.....section.....after checking the relevant papers and realise the dues.

Date.....

PRINCIPAL

ग्राहिला दिया गया Admitted to Class.....Section.....

प्राप्त धन का विवरण

Details of amount received :

शुल्क रसीद संख्या

Fee Receipt No.....

प्रवेश शुल्क

Admission Fee.....

छात्र निधि

Pupils Fund.....

योग रु०

Total Rs.....

तिथि

Dated.....

शिक्षा शुल्क

Tuition Fee.....

विज्ञान शुल्क

Science Fee.....

निर्गत

issued

कक्षा उपस्थिति पंजिका में नाम दर्ज किया गया।

Name has been entered in the Class Attendance Register.

Class Teacher

प्रमाणित किया जाता है कि समस्त प्रविष्टियां छात्र पंजिका में दर्ज की गई एवम् शुल्क का भुगतान इस कार्यालय/कक्षा अध्यापक के द्वारा प्राप्त किया गया।

Certified that all the entries have been made in the Scholar's register and the dues have been realised by Office/Class teacher.

विद्यार्थी की छात्र पंजिका संख्या

खण्ड

है।

The S.R. No. of the student is.....Vol.....

Date.....

Office Incharge

FILE

Date.....

PRINCIPAL

SERVICE CERTIFICATE (for Central Govt. employees)

Certified that Shri/Smt. is working as regular employee 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 finance by the Central Govt. and his / her services are non-transferable / transferable anywhere in India.

Date:.....

Signature. of the head of office

(With Date, Name , Designation and Office stamp)

Complete address and Telephone No of Office _____

SERVICE CERTIFICATE (for State Govt. employees)

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

Date:.....

Signature. of the head of office

(With Date, Name , Designation and Office stamp)

Complete address and Telephone No of Office _____

CERTIFICATE OF NUMBER OF TRANSFERS

(If the distance between the "from" 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).

I, Smt/Shri _____ (Name) _____ (rank/designation) of _____ (office), do hereby certify that during the past 7 years (upto31.03.2020) I have been transferred _____ times (in figure & in word) from one station to another. The detail of which are given as under.

I know that if the above mentioned information is found incorrect, my child (Name of child) will be disqualified for admission in Kendriya Vidyalaya.

Signature of the Parent

| 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. |
|-----------------------|---------------------------------|--------------------------------------|--------------------------|-----------------------------------|---|--------------------|
| | | | | | | |
| | | | | | | |
| | | | | | | |
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| | | | | | | |

COUNTER SIGNATURE

I _____ (Name) _____ (rank/designation) of _____ (unit/department) hereby certify that the particulars given above have been authenticated by the records held in the office and found to be correct.

(Signature of the Head of the Office with Office Stamp)

Contact number of the authority/office :

CERTIFICATE FROM THE DDO/COMPETENT AUTHORITY

I Sri/Smt./Ms. _____ (Name of the Employer/DDO) ,
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
Digapahandi. The information furnished below is true and verified from the office/service records of the employee.

| | | |
|----|--|--|
| 01 | Full name of the employee (in Block Letters) | |
| 02 | Designation of the employee | |
| 03 | Employee Code / Employee Identity No. | |
| 04 | Name of the office where the employee is presently posted | |
| 05 | Whether Permanent/Regular/Temporary/Contractual/ Part Time/ Adhoc /Daily Wage Basis/Casual (To be written clearly) | |
| 06 | 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) | |
| 07 | Recent Pay/Salary of the Employee with proper Split up | (i) Basic Pay : _____ (ii) Grade Pay / Level : _____ (iii) DA : _____ (iv) HRA : _____ (v) Any Other _____ (vi) Any Other : _____ |
| 08 | Whether the employee is drawing the consolidated pay | YES / NO |

Place: _____

Date: _____

Signature of the Certifying Authority with Seal

Office Seal

Complete Address of the Office:

Office Telephone Number: _____

Office E-mail ID: _____

SELF DECLARATION

I _____ Father /Mother of Master/Miss _____
age _____ years , resident of _____
(Complete Address) , do hereby declare that the information given in admission form and in the enclosed documents are 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 found to be false/ not true at any point of time, admission of my child 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 : _____

SELF DECLARATION

I _____ Father /Mother of Master/Miss _____
age _____ years , bearing Application Submission Code : _____
Present resident of _____
(Complete Address) , do hereby declare that the radial distance between Kendriya Vidyalaya Digapahandi and our residence is _____ kilometre.

Date : _____

Signature of the Parent

Place : _____

Mobile No : _____

UNDERTAKING

(Submission of SC/ST/OBC Certificate – If the certificate in the name of the child is not available at present)

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 03 (Three) months from the date of admission of my ward in Kendriya Vidyalaya Digapahandi. If I fail to submit the same in the name of my child within this period the admission of my ward will be summarily cancelled.

Date : _____

Signature of the Parent

Place : _____

Mobile No : _____

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. No. | Name of the Document | Yes/No | Remarks |
|---------|--|--------|---------|
| 1 | Hard Copy (Print out) of the Online Application Form | | |
| 2 | Birth Certificate | | |
| 3 | Residence Proof (Any of the proof issued by the government/government agency and in the name of either of the parents of the child – <i>in case rented house a rent agreement and electricity bill of the house owner</i>) | | |
| 4 | Self Declaration of submission of correct information and documents | | |
| 5 | Self-declaration about distance | | |
| 6 | Caste Certificate (SC/ST/OBC-NCL) –(Specify whether in the name of the child or parent in Remarks Column) | | |
| 7 | Undertaking (If Caste Certificate in the name of the Parent) | | |
| 8 | Income & Asset Certificate for Claiming Economically Weaker Sections (EWS). issued by the competent authority (Income Certificate will not be accepted in lieu of this) | | |
| 9 | BPL Card (Specify BPL Card no. in Remarks Column) Those claiming Below Poverty Line (BPL) should submit a valid BPL card (It should be issued in the name of either of the parents only and the name of the child should be mentioned in that as a member of the family) – The BPL Card should be countersigned (During this Financial Year) by the competent Authority with a remark that at present _____(Name of the Parent) and his/her family belongs to Below Poverty Line(BPL) – <u>Ration Card will not be accepted in lieu of BPL Card.</u> | | |
| 10 | Handicapped Certificate from competent authority (Specify % of disability and type of handicapped in Remarks Column) | | |
| 11 | Service Certificate & Certificate showing no. of transfers (ORIGINAL) (Specify category of employee i.e. state govt./central govt. etc in Remarks Column) | | |
| 12 | Certificate from DDO/Head of the Office (ORIGINAL) (Specify in the Remarks column type of the employee as in column-7 of the certificate) | | |
| 13 | Employee ID card/Last month's pay slip (Specify Employee Code in Remarks Column) | | |
| 14 | Transfer Orders (Specify number of transfers in preceding 7 years as on 31.03.2020 in the remarks column) | | |
| 15 | For Ex-Service Man ID proof/Discharge Book (Specify the date of discharge in Remarks Column) | | |
| 16 | For Ex-Service Man Certificate of transfers counter signed by the Authority (Specify no. of transfers in Remarks Column) | | |
| 17 | For Single Girl Child Affidavit (ORIGINAL) – (Specify the date of issue in Remarks Column) | | |
| 18 | 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.

Remarks of Verifying Officer:.....

Signature:

Name & designation :

I/C Admission

Counter Signed by the Principal

Note:

1. Any other documents as required by the admission committee as per the demand of the situation
2. The documents from Sl. No. 1 to 5 are compulsory for all and Sl.No. 6 to 17 are for the cases where applicable.

FORMAT FOR AFFIDAVIT FOR SINGLE GIRL CHILD

Rs. 100/- Stamp Paper (Notary) Affidavit

I _____ aged _____ years , Indian inhabitant
occupation _____ Resident _____ of

_____ is mother/father of
_____ Date of Birth _____ submitting
my undertaking to the Head of the Institution for admission of my daughter
_____ in Class-I (One) vide KVS Admission Guidelines 2020-21

1. I hereby declare that Miss _____ is the only girl child in my family (with no male/female sibling). I understand that it shall be my sole responsibility to inform you about any change in status of Single Girl Child in the family immediately, if and when it occurs.
2. I am also aware that in case it is detected at any time that the affidavit sworn by me is false, appropriate action will be taken by the school authorities and KVS against me.

Signature of Father

Signature of Mother

Residential Address with Contact Number:

Solemnly affirmed at: _____

This _____ (Day) of _____ (Month) of 2020 (Year)

BEFORE ME

Explained and Identified by me,

Advocate