CERTIFICATE FROM THE DDO/COMPETENT AUTHORITY

I Sri/S	Smt./Ms		(Name of the Employer/D)0) ,
desig	nation working in the office	working in the office of		
	, government of		do hereby certify the following in respe	ct of
Sri/Sn	nt./Ms.	_ (Name	of the Employee) whose son/dau	ghter
	(Name of	the Child) i	is seeking admission in Kendriya Vidy	alaya
	The information furnished below is true and v	verified from	n the office/service records of the empl	yee.
0.1				
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)			
	This office/organization is Central Government /Central			
	Government Autonomous body/PSU fully or partially			
06	financed by Govt. of India/State Government/ Sate			
	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 :	
			Any Other	
		(vi)	Any Other :	
08	Whether the employee is drawing the consolidated pay		YES / NO	
Place	:			
Date:	<u> </u>			
		Signat	ure of the Certifying Authority with	Seal
Offic	e Seal			
			Complete Address of the Of	fice:

SERVICE CERTIFICATE (for Central Govt. employees)

Office o	of	Public Sector Ur		employee o	f Defence Servi	ce / CRPF / BSF / NSG/	employee in the Ministry/ /SPG / CISF / Central Govt. his / her services are non-		
Date	·				Signature. of the head of office				
					(W	ith Date, Name , Desi	gnation and Office stamp)		
Comp	lete address and	d Telephone No	of Office						
			SERVICE CERTIF				-		
	-					is workin	g in the Ministry/ Office of in the state.		
Date:						Signati	ure. of the head of office		
					(With Date, Name, Designation and Office stamp)				
Comple	ete address and	Telephone No o	of Office						
	place is six n	nonths then on	fice places involvin ly it will be counted	g transfer is d as a transfe	er as per part A	metres and the minin (2)(iii) of KVS Admissi			
., Smt/:	Snri						(rank/designation) of past 7 years (<u>i.e from</u>		
		23), I have beer	n transferred				one station to another.		
I know		mentioned info							
							Signature of the Parent		
S N	ffice/Unit and Place	Date of Joining the Office/Unit	Date of Release from the Office/Unit	Period of stay (in Months)	Transferred Office/Unit and Place	Distance between the Two Office (in km)	Transfer Order No.		
2									
3									
4									
5									
				DUNTER SIGN					
-	epartment) here	eby certify that			e been authenti	rank/designation) of _cated by the records h			
Contac	t number of the	authority/office	e :			are or the riedd of the	Since war office stampy		