CERTIFICATE FROM THE DDO/COMPETENT AUTHORITY

I Sri/S	Smt./Ms	(Name of the Employer/DDO) , working in the office of department of		
desig	nation working in the office			
	, government of		do hereby certify the following in respe	ct of
Sri/Smt./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)			
06	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)			
	Recent Pay/Salary of the Employee with proper Split up	(i)	Basic Pay:	
07		(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:	<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)

Certified that Shri/Smt is working as regular employee in the Minis Office of He/She is an employee of Defence Service / CRPF / BSF / NSG/SPG / CISF / Central G / Autonomous Body / Public Sector Undertaking fully financed / partially finance by the Central Govt. and his / her services are n transferable / transferable anywhere in India.							
Date:		Signature. of the head of office					
		(W	ith Date, Name , Desi	gnation and Office stamp)			
Complete address and Telephone No of Office							
SERVICE C	ERTIFICATE (for S	tate Govt. emp	loyees)				
Certified that Shri/Smt He/ She is a regula				•			
Date:		(W		ure. of the head of office gnation and Office stamp)			
Complete address and Telephone No of Office							
CERTI (If the distance between the two office places in place is six months then only it will be co		at least 20 Kilo	metres and the minin				
I, Smt/Shri	(Name)			(rank/designation) of			
O1.04.2015 to 31.03.2022), I have been transferred. The detail of which are given as under. I know that if the above mentioned information is fo (Name of child) will be disqualified for admission in	ound incorrect, my	times (in fi	gure & in word) from c	one station to another.			
				Signature of the Parent			
S Office/Unit and . Place Date of Joining the Office/Unit Office/Unit	e stay (in	Transferred Office/Unit and Place	Distance between the Two Office (in km)	Transfer Order No.			
2							
3							
4							
5							
	COUNTER SIGI	NATURE					
I (Na (unit/department) hereby certify that the particular found to be correct.			rank/designation) of _cated by the records I				
Contact number of the authority/office :			ure of the Head of the	Office with Office Stamp)			