



केंद्रीय विद्यालय क्रमांक: 2 , वायु सेना केन्द्र, आदमपुर

Kendriya Vidyalaya No. 2, AFS Adampur

Regd. No.

क्रम सं./ S. No

सत्र / Session – 2020-21

पंजीकरण के लिए कक्षा / Registration for Class

photo

1. विद्यार्थी का पूरा नाम (स्पष्ट शब्दों में) Name of Child in full (in Capital Letters)

लिंग / Sex : पुरुष / Male स्त्री / Female तृतीय लिंग / Third Gender

दिन/Day मास/Month वर्ष/Year

2. जन्म – तिथि (अंकों में)/Date of Birth (in Figure)

शब्दों में / In Words

31.03.2020 तक आयु / Age as on 31.03.2020 वर्ष/Year मास/Month दिन/Day

3. बच्चे का रक्त समूह (Rh फैक्टर सहित) Blood Group of the Child (With Rh Factor)

4. बच्चे की संबन्धित श्रेणी / The category to which child belong [please attach relevant certificate.]

General SC ST OBC EWS BPL Diff Abled S.G. Child

If the child belongs to SC/ST/OBC/EXS/BPL/Disabled/S.G. Category, then

5. Service Category Cat I Cat II Cat III Cat IV Cat V

* 31.03.2020 तक पिछले सात वर्ष में स्थानांतरणों की संख्या / No of transfers during last 7 years as on 31.03.2020

* 1. केंद्रीय सरकार/Central Govt. * 2. केंद्रीय सरकार के स्वायत्त संस्थान/ Autonomous bodies of Central Govt.

* 3. राज्य सरकार / State Govt. 4. राज्य सरकार के स्वायत्त संस्थान/ Autonomous bodies of State Govt.

* 5. अन्य / Others

विद्यालय से आवास की दूरी। दूरी के लिए माता-पिता / अभिभावक का सपथ-पत्र मान्य है। आवास प्रमाण -पत्र देना आवश्यक है। /

Distance of Residence from Vidyalaya.Undertaking from parents is acceptable for distance.Proof of Residence is compulsory.

6. माता-पिता का विवरण / Details of Mother/Father-

क्र.सं.		माता / Mother	पिता / Father
(i)	नाम स्पष्ट शब्दों में Name (in Capital Letters)		
(ii)	राष्ट्रीयता / Nationality		
(iii)	व्यवसाय / Occupation		
(iv)	कार्यालय का नाम , पूरा पता व दूरभाष Name of Office and Full Address and Telephone Number		
(v)	पूर्ण आवासीय पता व दूरभाष (प्रमाण सहित) Full residential address and Tel. No (With proof)		
(vi)	विद्यालय से दूरी (कि.मी. में) Distance from KV (in km) *		
(vii)	मूल वेतन / Basic Pay		
(viii)	स्थानांतरणों की संख्या No. of Transfers **		
(ix)	माता-पिता की श्रेणी Category of the Parent #		
(x)	कर्मचारी कोड (यदि है तो) Employee Code (if any)		

मैं एतद द्वारा यह प्रमाणित करता/करती हूँ कि उपर्युक्त पृविष्टियाँ मेरी जानकारी में सत्य हैं।

I certify that the above entries are true to the best of my knowledge.

Signature of Mother / Father / Guardian

दिनांक/Date.....

पूरा नाम / Full Name.....

सेना प्रमाण-पत्र / SERVICE CERTIFICATE (केंद्रीय सरकार / Central Govt.)

Certified that Shri/Smt is working as regular employee in the Office/Ministry of He/She is a regular employee of Defence Service/ CRPF/ BSF / NSG / SPG / CISF Central Govt. / Autonomous Body / Public Sector Undertaking fully financed / partially financed by Central Govt. and his/her service are non-transferrable/transferrable anywhere in India.

स्थान / Place _____

दिनांक / Date _____

Signature of Head of the Office
(with Name , Designation and Office Stamp)

Complete Address and Telephone No. of Office _____

सेना प्रमाण-पत्र / SERVICE CERTIFICATE (राज्य सरकार / State Govt.)

Certified that Shri/Smt is working as regular employee in the Office/Ministry of and his/her service are non-transferrable/transferrable anywhere in State.

स्थान / Place _____

दिनांक / Date _____

Signature of Head of the Office
(with Name , Designation and Office Stamp)

Complete Address and Telephone No. of Office _____

सेवा - कालीन मृत्यु प्रमाण-पत्र / DIES IN HARNESS CERTIFICATE

(केवल केंद्रीय सरकार के कर्मचारियों के लिए / Only for Central Govt. Employees)

Certified that Master / Miss is the son/daughter of Late Sh./ Smt Who has regular Employee of (Office/ Department) and he/she died in harness(while service) on (date).

स्थान / Place _____

दिनांक / Date _____

Signature of Head of the Office
(with Name , Designation and Office Stamp)

Complete Address and Telephone No. of Office _____

स्थानांतरण संख्या प्रमाण-पत्र / CERTIFICATE OF NUMBER OF TRANSFERS

में _____ (नाम) _____ (रैंक /पदनाम) _____ (कार्यालय), एतद द्वारा प्रमाणित करता / करती हूँ पिछले 7 साल (31.03.2020 तक) में एक स्थान से दूसरे स्थान पर मेरे _____ (अंकों व शब्दों में) स्थानांतरण हुए जिनका विवरण नीचे दिया गया है -
I, _____ (Name) _____ (Rank/Designation) of _____ (office), do hereby certify that during past 7 years (up to 31.03.2020) I have been transferred _____ times (in figures & in words) from one station to another , the details of which are given as under :-

क्र.सं. S. No	कार्यालय / यूनिट Office / Unit	स्थान Place	रैंक/पदनाम Rank / Designation	दिनांक / Date		ठहरने की अवधि Period of Stay	आदेश संख्या Order No.
				से / From	तक / To		
1							
2							
3							
4							
5							
6							
7							

I know that if the above mentioned facts are found incorrect, my child will be disqualified for admission in Kendriya Vidyalaya.

Signature of Parent

प्रतिहस्ताक्षर / Countersignature

I,(name) (rank/designation) of (unit/department) hereby that the particulars given in above have been authenticated by the records held in the office and found correct.

स्थान / Place _____

दिनांक / Date _____

Signature of Head of the Office
(with Name , Designation and Office Stamp)

Complete Address and Telephone No. of Office _____

टिप्पणी / Note :-

एक स्थान पर ठहरने की अवधि कम से कम छह मास होनी चाहिए ।

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