

## केन्द्रीयविद्यालयक्र. 01, बलांगीर

KENDRIYA VIDYALAYA NO – 01,BOLANGIR Application for Admission Session – 2022-2023

Sr.No:\_\_\_\_\_ STUDENT'S UNIQUE ID:\_\_\_\_\_

| Session:     |
|--------------|
| Class:       |
| Category:    |
| Priority:    |
| Blood group: |

Photograph

| 1. विद्यार्थी का नाम/Name of Student   |
|--|
| 2. ईस्वी संवत मे जन्मतिथि (अंको मे )   |
| Date of Birth (In figures)   |
| 3. आयु (प्रसंगाधीन वर्ष की 1 अप्रेल को ) वर्ष माह दिन<br>Age (an on 31 <sup>st</sup> MARCH 2021) Year Month Days |
| 4. राष्ट्रीयता/Nationality   |
| 5. माता- पिता का ब्योरा /Details of Parents : Mother/माता  |
| Father/पिता  |
| (i) पूरा नाम /Full Name  |
| (ii) व्यवसाय / Occupation  |
| (iii) कार्यालय का नाम, <b>पूरा पता व दूरभाष संख्या</b>   |
| Name of office and full address with Tel. No   |
| (iv) पूर्ण आवासीय पता व दूरभाष संख्या  |
| Full residential Address with Tel. No  |
| (v) मूल वेतन सम्बद्ध वर्ष की 1 अप्रेल को   |
| Basic Pay as on Ist April of the Year  |
| <ul><li>(vi) प्रसंगाधीन वर्ष के 31 मार्च ताल पिछले 7 वर्षों में हुए स्थानांतरण की संख्या</li></ul>               |
| No of transfer during last 7 Year  |
| (vii) माता- पिता की श्रेणी / Category of Parents(I/II/III/IV/V/VI)   |
| 6. स्थानीय अभिवावक का पता (यदि हो )  |
| Name &address of local guardian (if any)   |
| 7. अंतिम विद्यालय जहा पढ़ा हो  |
| Name & Address of the school last attended with class  |
| 8. क्या यह केन्द्रीय विद्यालय था या मान्यता प्राप्त/अमान्यता प्राप्त विद्यालय था                                 |
| Whether it was a Kendriya Vidyalaya/Recognized/Unrecognized School   |
| 9. विगत परीक्षा का परिणाम /Result of last Examination  |
| अंको का प्रतिशत / Percentage of marks  |
| 10. जिस कक्षा मे प्रवेश चाहिए /Class to which admission is sought  |
| 11. लिए जाने वाले विषय   |
| Subject proposed to offer  |
| 12. क्या स्थानांतरण प्रमाण पत्र संलग्न है ? हाँ /नहीं  |
| Whether the transfer certificates attached? Yes  |

| 13. स्थानांतरण प्रमाण पत्र की संख्या व तिथि  |                           |
|--|---------------------------|
| No. & Date of transfer certificate   |                           |
| 14. मात्र भाषा/Mother tongue गृह नगर/Home town   |                           |
| 15. क्या विध्यार्थी अनिसूचित जाति/जनजाति से है ?/Whether student belongs to SC         | C/ST                      |
| DECLARATION BY THE PARENTS   |                           |
| मै एतद द्वारा घोषणा करता हूँ की मेरे द्वारा दी गई उपर्युक्त जानकारी सत्य है            |                           |
| I hereby declare that the above details provided by me are true to the best of         | •                         |
| मै विद्यालय नियमो से प्रतिब्ध रहूँगा/ रहूँगी  I shall abide by the rules of the Vid    | yalaya.                   |
| D. 4   | C: CB                     |
| Date  FOR THE OFFICE USE ONLY  | Signature of Parents      |
| 1. प्रमाणित किया जाता है 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 in charge       |
| 2. सम्बद्ध कागजो के निरोक्षणोपरांत एवं शुल्क प्रपतोपरांत कक्षा वर्ग                    | -                         |
| Please admit to class Section after che  | •                         |
| papers and fealise the other.  | ceking the relevant       |
| papers and realise the other.  |                           |
| Date -   | PRINCIPAL                 |
| दाखिला दिया गया/Admitted to Class Section  |                           |
| प्राप्त धन का विवरण/Details of Amount received:  |                           |
| शुल्क रशीद संख्या तिथि निर्गत  |                           |
| Fee Receipt No Dated Issued  |                           |
| प्रवेश शुल्क /Admission Fee शिक्षा शुल्क /Tuition Fee                                  | ••••••                    |
|  |                           |
| विद्यालय विकास निधि/VVN विज्ञान शुल्क /Science fee                                     | <b></b>                   |
| योग / Total  |                           |
| कक्षा उपस्थिति पंजिका मे नाम दर्ज किया गया   |                           |
| Name has been entered in the Class Attendance Register.                                | Class Teacher             |
| प्रमाणित किया जाता है की समस्त प्रविष्टिया छात्र पंजिका मे दर्ज की गई एवं शुल्क का भुग | तान इस कार्यालय/कक्षा     |
| अध्यापक के द्वारा प्राप्त किया गया   |                           |
| Certified that all the entries have been made in this Scholar's register and th        | e ones have been realized |
| by Office Class/Class Teacher.   |                           |
| विध्यार्थी की छात्र पंजिका संख्या /The S. R. No of the Student is ख                    | is / Vol                  |
|  |                           |
| PRINCIPAL:   |                           |

### सेवा प्रमाण-पत्र/SERVICE CERTIFICATE

The second secon

(केन्द्रीय सरकार/Central Govt.)

| प्रमाणित किया जाता है कि श्री/श्रीमती               | ,y-z  |
|---|---|
| कार्यालय/मंत्रालय में नियमित कर्मचारी के रूप में    | कार्यरत है। वे रक्षा सेवा/ केन्द्रीय रिज़र्व पुलिस बल/एस.एस.बी  |
| असम राइफल्स /आई.टी.बी.पी/सीमा सुरक्षा बल/एन.एस.जी., | /एस.पी.जी./सी.आई.एस.एफ./केन्द्रीय सरकार स्वायत सस्था अथवा<br>केंद्र सरकार से वित-पोषित है, के नियमित कर्मचारी हैं |
| तथा उनकी सेवा अस्थानांतरणीय है/पूर्ण भारत में कहीं  | भी स्थानांतरणीय है।   |
| BETT TO BETT STORY THE SECOND SOLUTION              | SSATE SO THE BOOK DESCRIPTION STREET  |
| in the office/Ministry of H                         |   |
|   | कार्यालय अध्यक्ष के हस्ताक्षर   |
|   | (नाम, पद और कार्यालय की मोहर सहित)  |
| स्थान/Place   | Signature of Head of the Office   |
| दिनांक/Date   | (With Name, Designation and Office Stamp)   |
|   |   |
| सेवा प्रमाण-पत्र/SI                                 | ERVICE CERTIFICATE  |
| (राज्य-सर   | कार/State Govt.)  |
| गमाणित किया जाता है कि श्री/श्रीमती                 | ,   |
| · · · · · · · · · · · · · · · · · · ·               | रूप में कार्यरत है। तथा उनकी सेवा अस्थानांतरणीय है/पूर्ण  |
| राज्य में कहीं भी स्थानांतरणीय है।                  |   |
| Certified that Shri/Smt                             | is permanently working in the office/Ministry of  |
| and his/her services are no                         | on-transferable/transferable anywhere in State.   |
|   | कार्यालय अध्यक्ष के हस्ताक्षर   |
|   | (नाम, पद और कार्यालय की मोहर सहित)  |
| स्थान/Place   | Signature of Head of the Office   |
| दिनांक/Date   | (With Name, Designation and Office Stamp)   |
|   | ·   |
| कार्यालय का पूर्ण पता एवं दूरभाष संख्या             |   |
| Complete address and Telephone No. of office        |   |

#### स्थानांतरण संख्या प्रमाण-पत्र/CERTIFICATE OF NUMBER OF TRANSFERS (कार्यालय), \_\_\_\_\_(रैंक/पदनाम) एतद द्वारा प्रमाणित करता/करती हूँ पिछले सात साल (31.03.2020 तक) में एक स्थान से दूसरे स्थान पर मेरे (अंको व शब्दों में) स्थानांतरण हुए जिनका विवरण नीचे दिया गया है-(Name) \_\_\_\_\_(rank/ designation) of \_\_\_\_\_ (office), do hereby certify that during the 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 :-ठहरने की अवधि कार्यालय/ युनिट रैंक/पदनाम दिनांक/Date आदेश संख्या स्थान क. स. Period of stay Order No. Office/Unit Place Rank/Designation से/ From तक/To S. No. 1. 2. 3. 4. 5. 6. 7. मैं जानता/जानती हूँ कि यदि उपरोक्त तथ्य गलत पाए गए तो मेरा बच्चा केन्द्रीय विद्यालय में प्रवेश के लिए अयोग्य हो जाएगा। I know that if the above-mentioned facts are found incorrect, my child will be disqualified for admission in Kendriya Vidyalaya. माता/पिता के हस्ताक्षर Signature of Parent प्रतिहस्ताक्षर/Countersignature में,\_\_\_\_\_(नाम)\_\_\_\_\_(रैंक/पदनाम)\_\_\_\_\_ (कार्यालय), एतद द्वारा प्रमाणित करता हूँ कि उपरोक्त विवरण को कार्यालय-आलेखों से जाँच लिया गया है व सही पाया गया है। \_\_\_\_\_(name)\_\_\_\_\_(rank/designation) of (unit/department) hereby certify that the particulars given in above have been authenticated by the records held in the office and found correct. कार्यालय अध्यक्ष के हस्ताक्षर (नाम, पद और कार्यालय की मोहर सहित) स्थान/Place\_\_\_\_\_ Signature of Head of the Office दिनांक/Date \_\_\_\_\_ (With Name, Designation and Office Stamp) कार्यालय का पूर्ण पता एवं दूरभाष संख्या

िपण्णी/Note-

एक स्थान पर ठहरने की अविधि कम से कम छह मास होनी चाहिए। Period of posting/stay at a place should be minimum six months.

Complete address and Telephone No. of office

# सेवा-कालीन मृत्यु प्रमाण-पत्र / DIED IN HARNESS CERTIFICATE (केवल केन्द्रीय सरकार के कर्मचारियों के लिए/Only for Central Govt. Employees)

| प्रमाणित किया जात             | त है कि   | कुमार/कुमा | री           |            |         |             |             |           | स्वर्गीय |
|-------------------------------|---|------------|--------------|------------|---------|-------------|-------------|-----------|----------|
| श्री/श्रीमती                  | 0 mages after state death anne made state after them team anne anne | के         | पुत्र/पुत्री | ₹          | जो      |             |             |           |          |
| (कार्यालय/विभाग) में निर      | गमित रूप  | से सेवारत  | थे/थीं       | और         | उनका    | देहावसान    | सेवाकाल     | की अ      | वधि में  |
| दिनांकको हो व                 | ाया था  |            |              |            |         |             |             |           |          |
| Certified that Master/Miss_   |   |            |              |            | i       | s the son/d | laughter o  | f Late S  | sh./Smt  |
|                               |   | who w      | as regula    | ar en      | ploye   | e of        |             |           |          |
| (Office/Department) and he    | /she died in  | harness (v | while in s   | servic     | ce) on  |             | (d          | late).    |          |
|                               |   |            |              |            | का      | र्यालय अध्य | यक्ष के हस् | ताक्षर    |          |
|                               |   |            |              | ( <i>=</i> | गम, पर  | : और काय    | लिय की म    | ोहर सि    | हेत)     |
| स्थान/Place                   |   |            |              |            | Sign    | ature of He | ad of the   | Office    |          |
| दिनांक/Date                   |   |            |              | (W         | ith Nan | ne, Designa | tion and O  | ffice Sta | mp)      |
| कार्यालय का पूर्ण पता एवं दूर | भाष संख्या  | ·          |              |            |         |             |             |           |          |
| Complete address and Telepho  | one No. of of   | fice       |              |            |         |             |             |           |          |

# CERTIFICATE FROM THE EMPLOYER of Employment & identification of Admission

|          | i/Smt./Ms.  | (Name of the Employer) ,                        |
|----------|---|---|
| sign     | ation working   | in the office of                                |
|          | I   | ing in respect of Sri/Smt./Ms.                  |
|          |   | Employee) whose son/daughter                    |
|          |   | ild) is seeking admission in Kendriya           |
| dyal     | aya NO.1 BOLANGIR for the academic sess   | ion 2021-22                                     |
|          | Name of the Child for whom admission is sought (in Block Letters)   |   |
|          | Class in which admission is sought  |   |
|          | Full name of the employee (in Block Letters)  |   |
|          | Designation of the employee   |   |
|          | 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)  |   |
| $\dashv$ | Whether the employee is to be considered as an employee of 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. (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> </ol> |   |
|          | 3. Children of transferable and non-transferable State Government   |   |
|          | employees.  |   |
|          | <ol> <li>Children of transferable and non-transferable employees of<br/>Autonomous Bodies/ Public Sector Undertakings/Institute of Higher<br/>Learning of the State Governments.</li> <li>Children from any other category</li> </ol>   |   |
| +        | , 0,  | (i) Pay Level :                                 |
|          |   | (ii) Pay:                                       |
|          |   | (iii) DA:                                       |
|          | Recent Pay/Salary of the Employee with proper Split up  | (iv) HRA:                                       |
|          |   | (v) Any Other                                   |
|          |   | (vi) Any Other:                                 |
|          |   | (vii) Total :                                   |
|          | Whether the employee is drawing the consolidated pay  | YES / NO  |
| nce.     |   | I   |
| ite: _   |   |   |
|          |   | Signature of the Certifying Authority with Seal |
|          |   |   |

Complete Address of the Office: Telephone Number: \_

# SELF DECLARATION (Distance between residence and School)

| I (Nat  | me of the |
|---|-----------|
| Parent) do hereby declare that my present residential a   | address   |
| which is given below is situated at a distance of   | km/s      |
| from Kendriya Vidyalaya No.1 Bolangir.  |           |
| Residential Address:  |           |
|   |           |
| Name of the Child for whom admission is sought :  |           |
| Class for which Admission is sought : I (Class One) Registration No. :  |           |
| Selected under the Category of (Pl. Mark Tick): RTE/SC/(NCL)/DA/General/SGC   | /ST/OBC   |
| Place :   |           |
| Date :  |           |
|   |           |
| Signature of t  | he Parent |
| Name :  |           |
| Mobile No :   |           |
| <b>UNDERTAKING</b>  |           |
| (Submission of SC/ST/OBC Certificate)   |           |
|   |           |
| I (Name of  |           |
| Parent) do hereby declare that I will submit the Caste Certificate ((SC   |           |
| (Non Creamy Layer) issued by the competent authority in the name of   | •         |
| (Name of the Child) with  |           |
| (Three) months from the date of admission. If I fail to submit the sam<br>name of my child within this period then I shall have no objection if a |           |
| of my Son/Daughter is cancelled.  |           |

### KENDRIYA VIDYALAYA NO.1 OFBL,BOLANGIR

### **SESSION-2021-22**

### **DOCUMENT TO SUBMIT FOR ADMISSION**

- 1. DATE OF BIRTH CERTIFICATE--- Issued by Competent Authority- xerox copy
- 2. SERVICE CERTIFICATE (FORAMT ATTACHED)- Showing Number of Transfers during Preceding 7 Years
- 3. SC/ST/OBC- NCL CERTIFICATE –(in the name of child ) Issued by Competent Authority-xerox copy
- 4. PH CERTIFICATE Issued by Civil Surgeon / Rehabilitation Centre-xerox copy
- 5. BPL / RATION CARDS OF PARENTS—( must be in the name of parent) Issued by Competent Authority- xerox copy
- 6. RESIDENCE PROOF
- 7. DECLARATION OF DISTACNCE (FORMAT ATTACHED)
- 8. ADDHAR CARD OF PARENTS-xerox copy
- 9. ADDHAR CARD STUDENT-xerox copy
- 10. ID PROOF/PAN CARD-xerox copy
- 11. VALID E-MAIL ID
- 12. PHONE NO.( WHATSAPP) & WORKING PHONE NUMBER
- 13. RESIDENTIAL ADDRESS: xerox copy
- 14. SINGLE GIRL CHILD CERTIFICATE AFFIDATIVE FROM EXECUTIVE MAGISTRATE -original
- 15. Recent salary slip (last Month) xerox copy
- 16. Blood group certificate -xerox copy
- 17. A passport size photo

Signature of parent:

All xerox copy must be self attested. Original documents are required for verification.

Admission secured on the basis of any wrong certificate shall be cancelled by the Principal forthwith and no appeal against such action of the Principal shall be entertained

dt:

| Signature of checker |           |
|----------------------|-----------|
| NAME:                | PRINCIPAL |

### **Self Declaration Format**

| IFather/ Mother of Master/  |
|---|
| Miss  |
| ageyears , resident of  |
|   |
| ( complete Address) do  |
| hereby declare that the information given in the admission form of admission in Kendriya      |
| Vidyalaya NO.1 BOLANGIR ,ORDNANCE FACTORY BADMAL -767070 and in the enclosed                  |
| documents is 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 proved false/ not |
| true at any point of time, admission has be dimmed cancelled and will liable to               |
| punishment as per guidelines of KVS and any benefit accrued by me or my ward shall be         |
| summarily cancelled.  |
| Date :  |
| Place:  |
|   |
| Signature of the parent / Guardian  |
|   |
| MOBILE NO.  |
| F mail ID:  |