

KENDRIYA VIDYALAYA BHILWARA

S.R.No:- (office)

DETAILS FOR ALLOTMENT OF STREAM CUM REGISTRATION FORM FOR ADMISSION IN CLASS XI (SCIENCE/COMMERCE)

SESSION:-2020-21

REGISTRATION NO:(OFFICE USE)

PASTE PHOTO

1. NAME OF STUDENT :
2. DATE OF BIRTH :
3. GENDER (MALE/FEMALE) :
4. CATEGORY (ST/SC/OBC/GEN).....(In case SC/ST/OBC-Non creamy layer, attach certificate. In case of OBC certificate should not be issued 6 month before.)
5. WHETHER SINGLE GIRL CHILD (YES/NO):.....(certificate from first class magistrate only is needed)
6. DETAILS OF PARENTS

	FATHERS DETAILS	MOTHERS DETAILS
NAME		
COMPLETE ADDRESS		
OCCUPATION & POST		
NAME OF DEPARTMENT		
**WHETHER CENTRAL GOV/STATE GOV/PRIVATE		
No. of transfers in last 7 years as on 31/03/2020 (distance should be more than 20 km)		
MOBILE NUMBER		
EMAIL ID		

7. NAME OF EXAMINATION & BOARD (Year).....
8. MAXIMUM MARKS.....MARKS OBTAINED.....PASS % (Attach Marksheet).....
9. NAME OF SCHOOL.....
10. STREAM PREFERRED IN CLASS XI
 - (A) SCIENCE STREAM :- Compulsary subjects...ENGLISH, PHYSICS, CHEMISTRY,
Optional subjects ... MATHS / BIOLOGY and HINDI / CS
 - (B) COMMERCE STREAM :- Compulsary subjects...ENGLISH, ACCOUNTANCY, BUSINESS STUDIES, ECONOMICS
Optional subject..... MATHS/HINDI/IP

PREFERRED CHOICE (SCIENCE/COMMERCE)	1. Science	2. Commerce
SUBJECTS (WRITE THE NAME OF FIVE SUBJECTS FROM ABOVE FOR PREFERRED STREAM)	i. ii. iii. iv. v.	i. ii. iii. iv. v.

11. Any achievements (Sports/Scout, also attached certificate):.....

Note :

- (i) Incomplete form will be rejected and will not be considered for admission process.
- (ii) Attach latest service certificate /Appointment letter in case of Central Govt. /Autonomous Central Govt. /State Govt. /Autonomous State Govt. employee with counter sign of competent authority.
- (iii) All required documents should be scanned in PDF format in one file and send It to the school email I'd- admissionkvbhl2020@gmail.com
- (iv) Admission will be finalised after the submission of original T.C. with counter sign by D.E.O (Except C.B.S.E. schools) if selected for admission as per kvs admission guideline.

Signature of Candidate:.....

Signature of Parent:.....

(OFFICE USE)

Candidate eligible for Stream..... With subjects

Signature of Admission I/C

Principal

SINGLE GIRL CHILD

Rs. 100/- Stamp paper () Affidavit *of 1st class Magistrate*

Iaged.....years, Indian
Inhabitant occupationResident of
..... is mother/father of
..... Date of Birth..... Submitting
my undertaking to the Head of the Institution in Class I Vide KVS Admission Guidelines
2020)

- 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.....20.....

BEFORE ME

Explained and Identified by me,

Advocate

Service Certificate

(राज्य सरकार / State Govt.)

प्रमाणित है कि श्री / श्रीमती कार्यालय / मंत्रालय में
नियमित कर्मचारी के रूप में कार्यरत हैं तथा उनकी सेवा अस्थानांतरणीय है / पूर्ण राज्य में कहीं भी
स्थानांतरणीय है।

Certified that Shri/Smt. is working in
the Office / Ministry of and his / her services are
non-transferable / transferable anywhere in State.

कार्यालय अध्यक्ष के हस्ताक्षर
(नाम, पद और कार्यालय की मोहर सहित)
Signature of head of the Office
(With Name, Designation and Office Stamp)

स्थान/Place.....

दिनांक/Date.....

कार्यालय का पूर्ण पता और दूरभाष संख्या/ Complete address and Telephone No. of office
.....

सेवा प्रमाणपत्र / Service Certificate

(केन्द्रीय सरकार / Central Govt.)

प्रमाणित है कि श्री / श्रीमती कार्यालय / मंत्रालय में नियमित कर्मचारी के रूप में कार्यरत हैं। वे रक्षा सेवा / केन्द्रीय रिजर्व पुलिस बल / सीमा सुरक्षा बल / एन.एस.जी. / एस.पी.जी / सी.आई.एस.एफ. / केन्द्रीय सरकार स्वायत्त संस्था अथवा सार्वजनिक क्षेत्र के उपक्रम, जो पूर्ण या आंशिक रूप से केंद्र सरकार से वित्त-पोषित हैं, के नियमित कर्मचारी हैं तथा उनकी सेवा अस्थानांतरणीय है / पूर्ण भारत में कहीं भी स्थानांतरणीय है।

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.

कार्यालय अध्यक्ष के हस्ताक्षर
(नाम, पद और कार्यालय की मोहर सहित)
Signature of head of the Office
(With Name, Designation and Office Stamp)

स्थान/Place.....

दिनांक/Date.....

कार्यालय का पूर्ण पता और दूरभाष संख्या/ Complete address and Telephone No. of office
.....

स्थानांतरण संख्या प्रमाण पत्र / CERTIFICATE OF NUMBER OF TRANSFERS

मैं, नाम (रैंक / पदनाम) (कार्यालय), एतद द्वारा प्रमाणित करता / करती हूँ पिछले सात साल (31/3/2020) 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 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:-

स्थान से / Office /Unit and Place	अवधि दिनांक से / Date of joining the Office/Unit	अवधि दिनांक तक / Date of release from the Office/Unit	ठहरने की अवधि / Period of Stay (in months)	स्थान तक / Transferred Office / Unit and Place	दूरी (किमी)/ Distance between the two Office (in km)	स्थानांतरण आदेश संख्या / Transfer Order No.

मैं जनता /जानती हूँ कि यदि उपरोक्त तथ्य गलत पाए गए तो मेरा बच्चा केंद्रीय विद्यालय में प्रवेश के लिए अयोग्य हो जायेगा।

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

स्थान/ Place
दिनांक/ Date

माता /पिता के हस्ताक्षर
Signature of Parent

प्रतिहस्ताक्षर / Countersignature

में, नाम (रैंक / पदनाम) (कार्यालय), एतद
द्वारा प्रमाणित करता / करती हूँ कि उपरोक्त विषय विवरण को कार्यालय-आलेखों से जांच लिया गया है व
सही पाया गया है।

I, (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.

स्थान/ Place
दिनांक/ Date

सक्षम अधिकारी के हस्ताक्षर
(नाम, पद और कार्यालय की मोहर सहित)
Signature of Competent Authority
(with Name, Designation and Office Stamp)

कार्यालय का पूर्ण पता एवं दूरभाष संख्या
Complete Address and Telephone No. of Office

टिप्पणी / Note :

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

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