CHECK LIST OF DOCUMENTS

PART-B (Documents submission by the parent)

The self-attested copy (Except cases where original is mentioned) of the following documents are submitted by me.

| Sl. No. | Name of the Document | Yes/ No | Remarks |
|------------|--|------------|---------|
| 1 | Filled in Application Form for Admission (Page: 1 & 2 to be printed on both sides of a single paper) | | |
| 2 | Birth Certificate (Both Original & a Photocopy) | | |
| 3 | Residence Proof (Mention the type in Remark column) | | |
| 4 | Self-Declaration of submission of correct information and documents, Distance from School to Residence | | |
| 5 | Certificate of Proof of Blood Group | | |
| 6 | Caste Certificate (SC/ST/OBC-NCL) – (Specify whether in the name of the child or parent in Remarks Column | | |
| 7 | Undertaking (If Caste Certificate in the name of the Parent) | | |
| 8 | Income & Asset Certificate for Claiming Economically Weaker Sections | | |
| 9 | BPL Card/ Proof of claiming BPL (Write Names of documents in Remark Column) | | |
| 10 | Handicapped Certificate (Specify % of disability and type of disability in Remarks Column) | | |
| 11 | Service Certificate & Certificate showing no. of transfers (ORIGINAL) (Specify category of employee i.e. state govt./central govt. etc. in Remarks Column) | | |
| 12 | Certificate from the employer – in prescribed format available in Vidyalaya Website (ORIGINAL) | | |
| 13 | Employee ID card/Last month's pay slip (Specify Employee Code in Remarks Column) | | |
| 14 | Transfer Orders (Specify number of transfers in preceding 7 years as on 31.03.2024 in the remarks column) | | |
| 15 | For Ex-Service Man ID proof/Discharge Book (Specify the date of discharge in Remarks Column) | | |
| 16 | For Ex-Service Man Certificate of transfers counter signed by the Authority (ORIGINAL) - (Specify no. of transfers in Remarks Column) | | |
| 17 | Aadhar Card (Child, Father, Mother) | | |
| 18 | Any Other | | |

Signature of the Parent with Date

PART-C (For the Verifying Officers)

All the documents mentioned above are submitted by the parent and verified by us from the original and found with the following Remarks. (Specify whether admission is approved or rejected in Remarks Column)

| | <u>Verifying Officer -1</u> | Verifying Officer-2 |
|-----------------|-----------------------------|---------------------------------|
| Remarks: | | |
| Signature: | | |
| Name & design.: | | |
| | I/C Admission | Counter Signed by the Principal |

पीएम श्री केन्द्रीय विद्यालय कोरापुट /PM SHRI KENDRIYA VIDYALAYA KORAPUT

प्रवेश के लिए प्रार्थनापत्र /APPLICATION FOR ADMISSION

| प्रवेश संख्या / Admission No, | |
|------------------------------------|--|
| प्रवेश की तिथि/ Date of Admission: | |

| क्रम सं.Sl. No. | विशेषताएँ/Particulars | जानकारी / Information |
|-----------------------|---|---|
| 1 | विद्यार्थी का नाम/Name of the Student | |
| 2 | जन्म तिथि/Date of Birth | |
| 3 | आय् 01.04.2024 को/Age (As on 01.04.2024) | Year Month Days |
| 4 | राष्ट्रीयता/Nationality | |
| 5 | माता - पिता का ब्योरा | //Details of Parent |
| i | माता का नाम/Mother's Name | |
| ii | पिता का नाम/Father's Name | |
| | माता का व्यवसाय (पद नाम)/Mother's Occupation (with | |
| iii | designation) | |
| iv | पिता का व्यवसाय (पद नाम)/ Father's Occupation (with | |
| | designation) | |
| v | कार्यालय का नाम , पूरा पता व दूरभाष संख्या/Name of Office and Full Address with Telephone Number | |
| | (Father/Mother) | |
| vi | पूर्ण आवासीय पता व दूरभाष संख्या/Full Residential | |
| | Address with Telephone Number | |
| vii | स्थायी घर का पता / | |
| | Permanent House Address | |
| viii | वेतन 01.04.2024 को Pay as on 01.04.2024 | Basic Pay:Rs Total Emoluments Rs |
| ix | 31.03.2024 तक पिछले 7 वर्षों में हुए स्थानान्तरणों की संख्या /Number | |
| | of transfers during last 7 years as on 31.03.2024 प्रवेश की श्रेणी (माता - पिता)/Admission Category of | |
| XX | Parent(I/II/III/IV/V) | |
| 6 | स्थानीय अभिभावक का पता (यदि उपयोग)/Name & | |
| | Address of Local Guardian (if any & Applicable) | |
| 7 | अंतिम विद्यालय जहाँ पढ़ा हो/Name and address of the | |
| | school last attended with class क्या यह केन्द्रीय विद्यालय था या मान्यता प्राप्त/अमान्यता प्राप्त | |
| 8 | विदयालय था /Whether it was Kendriya | |
| | Vidyalaya/Recognized/Unrecognized School | |
| 9 | विगत परीक्षा परिणाम /Result of Last Examination & | |
| 10 | Percentage of Marks जिस कक्षा में प्रवेश चाहिए/Class to which admission is sought | |
| 11 | लिये जाने वाले प्रस्तावित विषय /Subject proposed to offer | As per KVS norms |
| 11 | क्या स्थानान्तरण प्रमाण पत्र संलग्न हैं (हां/नहीं) / | The post state of the state of |
| 12 | Whether the transfer certificate is attached (Yes/No) | |
| 12 | स्थानान्तरण प्रमाण पत्र की संख्या वो तिथि / No. & | |
| 13 | Date of transfer certificate | |
| 14 | मातृ भाषा व गृह नगर/Mother tongue & Home Town | Mother tongue:, Home Town: |
| | क्या विद्यार्थी अनुसूचित जाति /जनजाति/ओ.वी.सी./सामान्य से हें | , |
| 15 | / Whether the student belongs to Schedule Caste/Schedule | |
| | Tribe/OBC/General | |

WhatsApp No. (For Online Class) :

PAGE: 2 Of 2(Please Print this Page on the Reverse of Page-1)

माता-पिताकेद्वाराघोषणा / DECLARATION BY THE PARENT

में एतद द्वारा घोषणा करता /करती हूँ कि मेरे द्वारा दी गई उपर्युक्त सूचना मेरी जानकारी मै सत्य है।मै विद्यालय नियमों से प्रतिबद्ध रहूँगा/रहूँगी। I hereby declare that the above information furnished by me are correct to the best of my knowledge. I shall abide by the rules of the Vidyalaya.

| दिनांक/Date: | | | माता-पिता के हस्ताक्षर/Signature of Parents | | | |
|----------------------|---------------------------------------|-------------------------|---|---------------|---------------------------|--|
| | केवल कार्यालय के प्रयो | ग के लिए /FOR | THE OFFIC | E USE ON | <u>NLY</u> | |
| प्रमाणित | किया जाता हें कि मै आवेदन - प | पत्र और सम्बद्ध क | गगजातों की ज | ांच कर ली | है। Certified that I have | |
| checked th | e application form and the relevant p | papers are found in or | der. | | | |
| | | Admission In charge | | | | |
| प्तम्बद्ध | कागजातों के निरीक्षणोंपरान्त एव | वं शुल्क प्राप्तोपरान्त | त कक्षा | वर्ग | में प्रवेश दें । | |
| Please adı | mit | to Class: | Sect | ion: | after checking the | |
| elevant pa | appers and finalise the dues. | | | | | |
| देनांक/Da | nte : | | | | PRINCIPAL | |
| प्रखिला वि | देया गया । Admitted to Class : | Section | : | _ | | |
| गप्त धन | का विवरण Details of Fees rece | eived: | | | | |
| पुल्क रर्स | ोद क्र. Fee Receipt No | तिथि | Date : | | | |
| गवेश तिर्गि | थे /Admission Fee : Rs | शिक्षा | शुल्क /Tuition | n Fee: Rs | | |
| वे.वि.एन | . খুল্ক /VVN Fund : Rs | कम्प्य्टर | शुल्क /Compu | ter Fund : Rs | | |
| | | _ | | | | |
| _{फम्प्युटर} | विज्ञान शुल्क /Computer Science | Fee : Rs | कुल शुल्व | र्ह / TOTAL | : Rs | |
| म्क्षा उर्पा | स्थिति पंजिका में नाम दर्ज किया | गया /Name has bee | en entered in the | Class Attend | ance Register. | |
| टेनांक/० | nte : | | ಹಜ | ग भ९गापक | Class Teacher | |
| 4 -11 10/D | | | 1.4 | 01-4111 | Class Teacher | |
| माणित | किया जाता हें कि समस्त प्रविष्टि | याँ छात्र पंजिका में | दर्ज की गयी ए | वं शुल्क का | भुगतान इस कार्यालय | |
| नक्षा अध | यापक के द्वारा प्राप्त किया गया | / Certified that al | 1 the entries have | e been made | in the Scholar's Register | |
| | es have been realised by Office/Class | | | | | |
| वेद्यार्थी | की छात्र पंजिका संख्या / The S.R | R.No. of the student is | · | Vol. : | | |
| | nte: | | | | Office Incharge | |
| , | | फ़ाइल/FILI | | | | |
| ع بنے ا | 4 | • | <u>2</u> | | प्राचार्य/PRINCIPAL | |
| द्रनाक/Da | ite: | | | | 91414/PRINCIPAL | |
| RESH/K | <u>CHI</u> XV/ARMY TC : | ECK LIST OF DOC | <u>UMENTS</u> | | | |
| | cuments with No. & Date of Issue : | ······· | | | | |
| SI.No. | Name of the Document | Number | Date of Issue | | Remarks | |
| | | | | | | |
| | | | | | | |
| | | | | | | |
| | | | | | | |
| | | | | | | |

SELF DECLARATION (Submission of Documents & Information)

| I | Father /Mother of Master/Miss |
|---|---|
| | age years , resident of |
| | (Complete |
| Address) , do hereby declare that the in | nformation given in admission form of the admission in PM |
| SHRI Kendriya Vidyalaya, Koraput and i | n the enclosed documents is true to the best of my knowledge |
| and belief and nothing has been concealed | ed therein. I am well aware of the fact that if the information |
| - | ny point of time, admission has to be deemed cancelled and I |
| | lines of KVS and the benefit accrued by me or my ward will |
| be summarily cancelled. | and of 11 vs and the concin accraca sy me of my ward win |
| be summarily cancelled. | |
| | |
| Date : | Signature of the Parent |
| Place : | Mobile No : |
| SEL | F DECLARATION |
| | idence) – For Candidates Selected under RTE |
| | |
| Ι | |
| | age years , bearing Application Residence address as |
| | residence dates as |
| | |
| | Complete Address as mentioned in the Online Registration |
| | nce between PM SHRI Kendriya Vidyalaya Koraput and the km. |
| above mentioned residence is | KIII . |
| | |
| Date: | Signature of the Parent |
| Place : | Mobile No : |
| , | <u>UNDERTAKING</u> |
| _ | n of SC/ST/OBC Certificate) |
| I | • |
| | (SC/ST/OBC- Non-Creamy Layer) issued by the competent |
| authority in the name of my child | (Name of the Child) |
| | of admission of my ward in PM SHRI Kendriya Vidyalaya |
| Koraput. If I fail to submit the same in tward will be summarily cancelled. | he name of my child within this period the admission of my |
| Date : | Signature of the Parent |
| Date : | Mobile No · |

SERVICE CERTIFICATE (CENTRAL GOVERNMENT)

| | nent/tempora | ry/contractual | l/part t in tl | time/casual employnis office/Ministry/ment of India. He/Sh | ee in t under th | he capacity of e Ministry of |
|--|--|--|---|---|---|--|
| Service/CRPF/ | BSF/NSG/Sanced/partially where in In | PG/CISF/Cen ly financed b dia. | ntral Gov by the Co | vt./Central Govt. Au entral Govt. His/her s | tonomous | body/Central govt. |
| Place: Date: | | | (with | Signature of Head h Name, Designation a | | |
| | | | | JMBER OF TRANS | | (1 |
| times (In figur place is at leas as a transfer). | es & in word to 20 kms and The details of the above- | 7 years (Up to ds) from one defined the minimum of which are generationed fare | o 31.03.2 station to m period given as u | (Name) (Name) (Name) (Name) (Name) another. (If the distance of stay is six months ander: found incorrect, my | nsterred ance betwee then only it | en the form and to t will be considered |
| Office/Unit and Place | Date of Joining the Office/Uni t | Date of Release from the Office/Unit | Period of stay (in days) | Transferred Office/Unit and Place | Distance between the Two Office (in km) | Transfer Order No. |
| | | | | | | |
| | | | | | | |
| | | | | Sim | nature of the | e Parent |
| | | (Na | Name) _ nme of the | SIGNATURE he Office/Unit/Depart d by the records held i | (Rai | nk/Designation) of by certify that the |
| Place: | | | (wit) | Signature of Head h Name, Designation a | | |

SERVICE CERTIFICATE (STATE GOVERNMENT)

| Certified that | Sri/Smt. | | | | | | _ is working as a |
|-----------------------------------|--------------------------------|---|----------------------------------|--------------|----------------------------|---|--|
| regular/perman | | | in this | office | /Ministry | /under | the capacity of the Ministry of He/She is an |
| | ate Govt. / S financed by t | tate Govt. At he state Govt | utonomo | us body/Sta | ate Govt. P | SU fully fi | inanced by the State ansferable anywhere |
| Complete Addi | ess and tele | phone No. of | the Offic | <u>ce</u> | | | |
| | | | | | | | |
| Place: Date: | | | (557;1+1 | - | re of Head esignation a | | |
| Date | | | (WIII | i Naille, D | esignation a | and Office | Stamp) |
| | | | | | | | |
| | | RTIFICATI | | | | | |
| I | <u> </u> | | (Na | ıme) | (NI | C 41 | (rank |
| | <i></i> | | | | (11411 | ic of the | Office), do hereby |
| | | | | | | | een the form and to |
| | | | | | ix months | then only | it will be considered |
| as a transfer). | The details on Date of | f which are g | given as u | ınder: | | Distance | |
| Office/Unit and Place | Joining the Office/Uni | Date of Release from the Office/Unit | Period of stay(in days) | | ferred t and Place | between the Two Office (in km) | Transfer Order No. |
| | | | | | | | |
| | | | | | | | |
| | | | | | | | |
| | | | | | | | |
| I know that if the in Kendriya Vi | | tioned facts a | re found | incorrect, 1 | ny child wi | ll be disqua | alified for admission |
| | | | | | _ | nature of th | ne Parent |
| т | | <u>CO</u> | <u>UNTER</u> | SIGNATI | U RE | (D | 1/D : |
| 1, | | (Na | ame) ime_of_tl | he Office/I | Init/Depart | (Ka tment) her | nk/Designation) of eby certify that the |
| particulars give | en in above h | ave been auth | nenticate | d by the red | cords held i | in the offic | e and found correct. |
| DI. | | | | C. | 0.77 | 0.1 0.2 | |
| Place: Date: | | | (with | - | re of Head esignation a | | |
| | | | (** 111 | | | 011100 | ~ |

CERTIFICATE FROM THE EMPLOYER

(Regarding Status of Employment & identification of Admission Category in KVS)

| | Sri/Smt./Ms. | (Name | of the | Employer) , |
|--------|--|---------------------|-----------------|---------------------------------------|
| lesign | nation working | in | the | office of |
| | department of | | , | government of |
| | do hereby certify the fol | llowing in | respect | of Sri/Smt./Ms. |
| | • | the Emplo | • | |
| | (Name of the Child | d) is seeking a | dmission in I | PM SHRI Kendriya |
| 'idya | laya Koraput. | | | |
| 01 | Name of the Child for whom admission is sought (in Block Letters) | | | |
| 02 | Class in which admission is sought | | | |
| 03 | Full name of the employee (in Block Letters) | 1 | | |
| 04 | Designation of the employee | | | |
| 05 | Employee Code / Employee Identity No. | + | | |
| 06 | Name of the office where the employee is presently posted | | | |
| | Status of Employment (Whether Permanent/ Regular/ Temporary/Contractual/ | + | | |
| 07 | 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 | | | |
| 08 | Government/ Sate Government Autonomous Body/ PSU fully or partially | | | |
| | finance by the state govt. (To be written clearly) | | | |
| | Whether the employee is to be considered as an employee of Central | | | |
| | Government/Central Government Autonomous body/PSU fully or partially | | | |
| 09 | 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 | | | |
| | 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. Children of transferable and non-transferable employees of | | | |
| 10 | Autonomous Bodies / Public Sector Undertaking/Institute of Higher Learning of the Government of India. 3. Children of transferable and non-transferable State Government | | | |
| | employees. | | | |
| | 4. Children of transferable and non-transferable employees of | | | |
| | Autonomous Bodies/ Public Sector Undertakings/Institute of Higher Learning of the State Governments. | | | |
| | Children from any other category | (i) | Pay Level : | |
| | | (i) (ii) | Pay Level: | |
| | | (iii) | DA: | |
| 11 | Recent Pay/Salary of the Employee with proper Split up | (iv) | | |
| - | | (v) | Any Other | |
| | | (vi) | Any Other : | |
| | | (vii) | Total : | |
| | | | | TTTG (370 |
| 12 | Whether the employee is drawing the consolidated pay | | | YES / NO |
| | | | | |
| | | | | |
| | | nature of the Certi | fying Authority | with Seal |
| | Jig. | or and corn | , 6 1 Identify | · · · · · · · · · · · · · · · · · · · |
| | | | | |
| | | | | A 11 0.1 0.00 |
| | | | Comple | te Address of the Office |
| | | | | |
| | | Telepho | one Number: | |