KENDRIYA VIDYALAYA, ORDNANCE FACTORY, DUM DUM

(FOR OFFICE USE) Registration No.

<u>OPTION CUM REGISTRATION FORM FOR CLASS – XI (COMMERCE) for NON-KV students</u>

	1.	Name	e of student:	DOCT VOLID				
	2.	Fathe	r's name :	POST YOUR PASSPORT SIZE				
	3.	Addre	ess with Contact No.:	PHOTOGRAPGH AND SIGN ACROSS IT.				
	4. Whether belongs to SC/ ST/OBC-NCL:							
 Participation in (SGFI/National,Regional,NCC,Rastrapati Puraskar, Rajya Puraskar/Tritiya sopan,10days adventure camp etc.) Board from which Exam Passed: Year of PassingBoard Roll No 								
								7. Name of the School from which Class Xth Exam Passed:
	8. Marks obtained in Class X Examination (out of 500):Percentage							
	9. SUBJECTS which are sought (Comm) :_							
SI.N	0.		Subject Opted (Note:-Please see combination below)					
1. 2								
2. 3. 4.								
5. 6.			Additional Subject for all streams:-(Physical Education)					
			erce Stream: ject Combination:-English, Accountancy, Business Studies, Econom	ics, Hindi/Maths/IP				
Sign	atur	e of Par	rent/ Candidate					
Full	Nan	ne :						
Cont	act I	No.:						
Dat	e:							
Checklist of Documents attached:-								
1. 10 th Mark sheet (Y/N). 2. Caste Certificate(if any) (Y/N).								
1 B. a.g.e. 3. Service Certificate or I. Card of Parent (Y/N). 4. Residential Address proof (Y								



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FOR OFFICE USE:				
Registration No Class				
Category				
Checked By				
Verified By				
Remarks				

SESSION 2022-23.

Registra	tion for class_						
	of the child in Full(In Capital le						
1. Name	or the child in rull(in Capital i						
2. Sex:-	Male Female	Third Gender					
3. Date	of Birth(in figures) Day	Month Year					
4. Date	of Birth(in words)		Photograph of				
5.Age as	5.Age as on 31.03.2022:- years monthdays the child (Passport size						
6. Blood	6. Blood Group of the child with Rh factor:-						
7. The C	ategory to which the child belo	ongs(please tick):-					
Gen	SC ST OBC(NCL)	EWS BPL Diff. A	bled Single girl Child				
8. Parent	ts Details						
Sl.No.	Details of Mother/Father	Mother	Father				
1	Name (In capital Letters)						
2	Nationality						
3	Occupation						
4	Name of Office and						
	address(only for Govt.						
	Employees)						
5	Full Local residential						
	address with Phone/Mobile						
	No.(with proof)						
6	Distance from KV(in kms)						
7	Basic Pay(for Govt.						
0	employees only)						
8	No.of Transfers(last 7 yrs as						
9	on 31.3.2020) Category of Parents**						
10	Employee code						
	Category of parents: Central G	ovt. Transferable emplovees:- (Cat-1. Central Govt. autonomous				
		• •					
bodies/PSU: Cat-2. State Govt. Transferable/non transferable employees Cat -3. State Govt. autonomous bodies/State Govt. Undertaking cat -4. Private Job/business/self employed -Cat-5.							
I Certify that the above entries are true to the best of my knowledge.							
Date: Full Name and Signature of Parent							

FORMAT OF SERVICE CERTIFICATE(FOR Central Govt Employees)

employee in the office/Ministry of	He/she is a regula
employee of Defence Service/CRPF/BSF/I	NSG/SPG/CISF/Central Govt./Autonomous Body/PSL
fully financed/partially financed by	Central Govt. and his/her services are nor
transferable/transferable anywhere in India	1.
Place	
Date	Sign & Name in Block Letters and designation of head of the Office with Stamp
Address & Telephone No. of the Office	
	TFICATE(FOR State Govt Employees)
ceremed that Shiry Shirt.	is working as regular
	is working as regular and his/her services are
	and his/her services are
employee in the office/Ministry of	and his/her services are
employee in the office/Ministry of non transferable/transferable anywhere in t	and his/her services are
employee in the office/Ministry of non transferable/transferable anywhere in the state and the	and his/her services are the State. Sign & Name in Block Letters and

CERTIFICATE FOR NO. OF TRANSFER

I						rank/	designation
of		(office)	do hereby	certify	that the	past 7 y	ears(upto
31.03.2	022). I have been	transferred			times(in figures a	and words)
	ne station to another						
Sl.No	Office/Unit	Place	Rank/Desig.	Date		Period of	Order No.
						Stay	
				From	То		
1							
1 2 3 4 5 6 7							
3							
4							
5							
6							
		<u> </u>					1101 1 6
	that if the above r				, my child	will be disc	qualified for
admissi	on in Kendriya Vidya	alaya Ordnance	e Factory Dum	i Dum.			
			Sic	n of par	ent		
				,			
Count	ersignature by th	<u>e Departmer</u>	<u>it Concerned</u>	<u>auther</u>	<u>nticating</u>	<u>the above</u>	<u>transfers</u>
_							
1,						(rank/d	esignation)
or		(unit/depar	tment) nereby	certify t	tnat tne pa	articulars giv	en in
above r	nave been authentic	ated by the re	cords held in t	the office	e and foun	d correct.	
D.							
Place		_					
Date		_		Sigr	n & Name	in Block Let	ters and
			desigr	nation of	head of th	ne Office wit	th Stamp
Address	s & Telephone No. c	of the Office					
	-						_