



SESSION 2024-25.

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

Registration for class _____

1. Name of the child in Full(In Capital letters) _____

2. Sex:- Male Female Third Gender

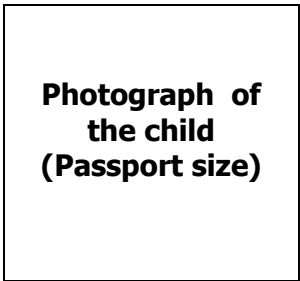
3. Date of Birth(in figures) Day Month Year

4. Date of Birth(in words) _____

5. Age as on 31.03.2024:- years _____ month _____ days _____

6. Blood Group of the child with Rh factor:-

7. Aadhar Number of child



8. The Category to which the child belongs (please tick):-

Gen	SC	ST	OBC	EWS	BPL	Diff. Abled	Single girl Child
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

8. Parents 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. employees only)		
8	No.of Transfers(last 7 yrs as on 31.3.2024)		
9	Category of Parents**		
10	Employee code		

Note:-** Category of parents: Cat-1-Central Govt. Transferable employees:- Cat-2. Central Govt. autonomous bodies/PSU : Cat-3. State Govt. Transferable/non transferable employees Cat-4. State Govt. autonomous bodies/State Govt. Undertaking cat-5. Private Job/business/self employed

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)

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/PSU fully financed/partially financed by Central Govt. and his/her services are non transferable/transferable anywhere in India.

Place_____

Date_____

Sign & Name in Block Letters and designation of head of the Office with Stamp

Address & Telephone No. of the Office_____

FORMAT OF SERVICE CERTIFICATE(FOR State Govt Employees)

Certified that Shri/Smt._____ is working as regular employee in the office/Ministry of_____and his/her services are non transferable/transferable anywhere in the State.

Place_____

Date_____

Sign & Name in Block Letters and designation of head of the Office with Stamp

Address & Telephone No. of the Office_____

CERTIFICATE FOR NO. OF TRANSFER

I _____, _____ rank/designation of _____(office) do hereby certify that the past 7 years(upto 31.03.2024). I have been transferred _____ times(in figures and words) from one station to another, the details of which are given as under:-

Sl.No	Office/Unit	Place	Rank/Desig.	Date		Period of Stay	Order No.
				From	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 Ordnance Factory Dum Dum.

Sign of parent _____

Countersignature by the Department Concerned authenticating the above transfers

I, _____, _____(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.

Place _____

Date _____

Sign & Name in Block Letters and
designation of head of the Office with Stamp

Address & Telephone No. of the Office _____