

Service Certificate (State Govt.)

Certified that Shri/Smt
(Designation) is working as **regular employee** in the office
/Department of He/She is a **regular employee**
of **State Govt. /State Govt. Autonomous Body/ Public Sector undertaking fully**
financed by Govt. and his/her services are **nontransferable/transferable** anywhere in
the State.

Complete address:
.....
.....

Telephone No. of office:

Signature of Head of the Office/DDO

Name:

Date: Designation:

Place: Contact No:.....

(Office Stamp)

Note*:

1. Please strike out whichever is not applicable before the signature of the Head of the Office / DDO.

Service Certificate (Central Govt.)

Certified that Shri/Smt
(Designation) is working as **regular employee** in the office
/Ministry of He/She is a **regular employee** of
**Defence/CRPF/BSF/NSG/SPG/CISF/Central Govt. /Central Govt. Autonomous
Body/ Public Sector undertaking fully financed by Govt.** and his/her services are
nontransferable/transferable anywhere in India.

Complete address:
.....
.....

Telephone No. of office:

Signature of Head of the Office/DDO

Name:

Date: Designation:

Place: Contact No:.....

(Office Stamp)

Note*:

- 2. Please strike out whichever is not applicable before the signature of the Head of the Office / DDO.

CERTIFICATE OF NUMBER OF TRANSFERS

I, (name) (Rank/ designation) is a **Permanent employee** of
 (complete office address). The Transfer details of the employee during the past 7 years (from 01.04.2016 onwards) as per the service records is furnished as under:

Note: An employee would be treated as transferred only if he/she has been transferred (during the past 7 years) by the competent authority from one place to another place which is at a distance of at least 20 kms and minimum period of stay at a place should be 6 months (180 days).

S. No.	Place of Posting (Transfer From)	Dates of Stay		Period of stay in Months	Transferred to: (Place)	Distance between two Places (KM)	Office Order No.
		From (dd-mm-yyyy)	To (dd-mm-yyyy)				
1							
2							
3							
4							
5							
6							
7							
8							
9							

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

Signature of Head of the Office/DDO

Name:

Date: Designation:

Place: Contact No:.....

(Office Stamp)

Note*: 1. Please strike out whichever is not applicable before the signature of the Head of the Office / DDO.

DISTANCE DECLARATION BY THE PARENT

I Father/Mother of

hereby declare that my son/daughter is residing in my own house/ rented house/ Guardian's residence as per the address mentioned below:

(Name & Complete Postal Address of Residence with Phone no./Mobile no.s)

.....
.....

The distance of the above residence is KM from Kendriya Vidyalaya Nayagarh.

Date:

Signature of the parent

DISTANCE DECLARATION BY THE PARENT (for RTE* Applicants only)

I Father/Mother of

hereby declare that my son/daughter is residing in my own house/ rented house/ Guardian's residence as per the address mentioned below:

(Name & Complete Postal Address of Residence with Phone no./Mobile no.s)

.....
.....
.....

The distance of the above residence is KM from Kendriya Vidyalaya Nayagarh. I am fully aware that the distance of 5 KM is a mandatory criterion for admission under RTE, therefore I state that If the information about the distance is found to be wrong/incorrect, I will not claim the right to admission under RTE.

Date:.....

Signature of the parent

SELF-DECLARATION FORMAT

I _____, Father / Mother of Master / Miss _____
_____ age _____ years, resident of _____
_____ (complete

address), do hereby declare that the information given in admission form of the admission in **Kendriya Vidyalaya Nayagarh** 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 will be deemed cancelled and I will be liable to legal action as per guidelines of KVS and any benefit accrued to me or my ward shall be **summarily** cancelled.

Date: _____

Place: _____

Signature of the Parent / Guardian

Self-Declaration Format for Documents Submission

I _____, **Father/Mother/of Master/Miss** _____
age _____ years, resident of _____

(complete address) hereby declare that I will submit/verify all the following documents with **original at the time of admission.**

1. _____
2. _____
3. _____
4. _____
5. _____

If I will not be able submit/verify the documents with originals in due time/date, then the admission of my ward will be cancelled and will be liable for legal action as per the KVS admission and benefit accrued by me or my ward shall be summerly cancelled.

Date:

Place:

Signature of the Parent/Guardian