<u>CERTIFICATE FROM THE DDO/COMPETENT AUTHORITY</u>

	Sri/Smt./Ms.	worki		ame of		-	yer/DDO) , ffice of
desig	gnationdoport		-	in	the		ffice of overnment of
	do hereby certify (Na	me of	ollowin the	g in Employ	respect ee) v	t of whose	Sri/Smt./Ms. son/daughter in Kendriya
Vidy	yalaya, Vyasanagar, Jajpur Road.		c Cliff	1) 15 5001	ting au		in Kendriya
01	Name of the Child to be admitted (in Block Letters)						
02	Class in which admission is sought						-
03	Full name of the employee (in Block Letters)						_
04	Designation of the employee						_
05	Employee Code / Employee Identity No.						_
06	Name of the office where the employee is presently posted						
	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						
08	financed by Govt. of India/State Government/ Sate						
	Government Autonomous Body/ PSU fully or partially						
	finance by the state govt. (To be written clearly)						
		(i) (ii)		e Pay : e Pay / Le			
		(iii)	DA :				
09	Recent Pay/Salary of the Employee with proper Split up	(iv)		.:			
		(v)	Any	Other			
		(vi)	Any	Other :			
10	Whether the employee is drawing the consolidated pay			YES	5 / NO		

Place: ______
Date: _____

Signature of the Certifying Authority with Seal

Complete Address of the Office:

Telephone Number: _____

Office Seal

SERVICE CERTIFICATE (CENTRAL GOVERNMENT)

Certified	that	Sri/Smt.								is	working	as	s a
regular/per	manen	t/temporary/co	ntractual/pa	rt	time/c	casua	ıl	employee	in	the	capaci	ity	of
				in	this		office	/Ministry/	under	the	Minist	ry	of
				gove	rnment	of	India	. He/She	is an	emplo	oyee of	Def	ence
Service/CF	RPF/BS	F/NSG/SPG/C	CISF/Centra	l Go	ovt./Cent	ral	Govt.	Autonom	ous body	y/Central	l govt. P	SU :	fully
financed/p	artially	financed by t	he Central	Govt	. His/her	r ser	vices a	are non-tra	nsferable	e / transf	erable an	ywhe	re in
India.													

Complete Address and telephone No. of the Office

Place:	Signature of Head of the Office
Date:	(with Name, Designation and Office Stamp)

CERTIFICATE OF NUMBER OF TRANSFERS

I(Name) (ran	nk /designation) of
	(Name of the Office), do hereby certify that durir	ng the past 7 years
(Up to 31.03.2020) I have been transferred _	times (In figures & in words)) from one station
to another. (If the distance between the form	n and to place is at least 20 kms and the minimum	<i>i period of stay is</i>
six months then only it will be considered as	a transfer). The details of which are given as under	••
I know that if the above mentioned facts are for	ound incorrect, my child will be disqualified for adr	nission in
Kendriya Vidyalaya.		

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.
	Joining the Office/Uni	Joining the Office/Uni	Joining the Office/UnitDate of ReleasePeriodfrom the Office/Unitfrom the days)	Joining theDate of ReleasePeriod PeriodtheReleaseofTransferredOffice/Unifrom the Office/Unitstay(in days)Office/Unit and Place	Joining the Office/UnitDate of ReleasePeriod Periodbetween the Transferredthe Office/Unitfrom the Office/Unitstay(in days)Office/Unit and Placebetween the Two Office (in

Signature of the Parent

COUNTER SIGNATURE

I, ______ (Name) ______ (Rank/Designation) of ______ (Name of the Office/Unit/Department) hereby certify that the particulars

given in above have been authenticated by the records held in the office and found correct.

Place:	Signature of Head of the Office
Date:	(with Name, Designation and Office Stamp)

SERVICE CERTIFICATE (STATE GOVERNMENT)

Certified		Sri/Smt. emporary/coi	ntractual/nart	tim	e/casual	employee	in		orking a capacity	us a of
			in	this	office	/Ministry	/under	the	Ministry	of
	/ State	Govt. Autono Govt. Hi	omous body/S	State Go	vt. PSU full	y financed	by the Sta	te Govt./p	artially fina	anced
<u>Complete A</u>	ddress a	and telephone	e No. of the (<u>Office</u>						
					gnature of H ne, Designat))		
		<u>C</u>	ERTIFICAT	<u>re of n</u>	IUMBER O	F TRANS	FERS			
Ι			()	Name) (Name	e of the Offic	e), do here	eby certify	(rank	/designation // / / / / / / / / / / / / / / / / /	on) of vears
to another.	(If the d	I have been listance betw ly it will be co	transferred <i>een the form</i>	and to	place is at le	times (In east 20 km	figures & s and the	in words) : <i>minimum</i> ;	from one s	tation
Offi	ice/Unit l Place	Date of Joining the Office/Uni t	Date of Release from the Office/Unit	Period of stay(in days)	Transfe Office/Unit	erred	Distance between the Two Office (in km)	Transfer (No.	Drder	
I know that Kendriya V		ove mention	ed facts are fo	ound inco	orrect, my ch	nild will be	disqualifie	ed for admi	ssion in	

Signature of the Parent

COUNTER SIGNATURE

I, _____ (Name) _____ (Rank/Designation) of

(Name of the Office/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:	 (v

Signature of Head of the Office (with Name, Designation and Office Stamp)