<u>SELF DECLARATION</u> (Submission of Documents & Information)

| I | | Father | /Mother | of | Master/Miss |
|---|---------------------------------------|-----------------|---------------|--------------|-----------------|
| | age | _ years | , | resid | lent of |
| | (Comple | ete Address), d | o hereby dec | lare that th | ne information |
| given in admission form of the admission in Kendriya | Vidyalaya No.3 I | Bhubaneswar a | nd in the enc | losed doc | uments is true |
| to the best of my knowledge and belief and nothing | has been conceal | ed therein. I a | m well awar | e of the f | act that if the |
| information given by me is proved false/ not true at an | ny point of time, a | dmission has t | o be deemed | cancelled | l and I will be |
| liable to punishment as per guidelines of KVS and the | benefit accrued by | me or my war | d will be sun | nmarily ca | ancelled. |
| Date : Place : | Signature of the Mobile No | | | | |
| <u>SELF</u> (Distance from School to Reside | <u>FDECLARATI(</u> ence) – For Car | | ted under] | RTE | |
| | | | | | |
| I | | | | 1 | |
| | | | | | |
| | | | | 5154441011 | |
| (Complete Address as mentioned in the between Kendriya Vidyalaya No.3 Bhubaneswar and the between Kendriya No.3 Bhubaneswar and the between Kendriya Vidyalaya No.3 Bhubaneswar and the between Kendriya No.3 | • | | • | | ne distance |
| Date : | Signature of the | e Parent | | | |
| Place : | Mobile No | | | | |
| | NDERTAKING | | | | |
| | of SC/ST/OBC (| • | | | |
| I Caste Certificate (SC/ST/OBC- Non-Creamy Layer) is | (Name of the | | • | | |
| | the Child) within (| • | | - | |
| my ward in Kendriya Vidyalaya No.3 Bhubaneswar. If the admission of my ward will be summarily cancelled | f I fail to submit th | | | | |
| Date : | Signature of the | e Parent | | | |

Place : ______

Mobile No : _____

SERVICE CERTIFICATE (CENTRAL GOVERNMENT)

| Certified | that | Sri/Smt. | | | | | is | working | as | a |
|---------------|-----------|--------------------------|------------------------|------------------|----------------|---------------|---------|-----------------|-----------|------|
| regular/perma | anent/ten | nporary/contractua | l/part time/casual e | mployee in the | capacity of _ | | | | in | this |
| office/Minist | ry/under | the Ministry of | | | _ government | t of India. I | He/ She | is an employee | e of Def | ence |
| Service/CRP | F/BSF/N | SG/SPG/CISF/Ce | ntral Govt./Central G | Govt. Autonomou | s body/Centra | al govt. PS | U fully | financed/partia | ally fina | nced |
| by the Centra | l Govt. H | His/her services are | e non-transferable / t | ransferable anyw | here in India. | | | | | |
| Complete Ad | dress an | <u>d telephone No. o</u> | f the Office | | | | | | | |
| | | | | | | | | | | |

Place: _____ Date: _____

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

CERTIFICATE OF NUMBER OF TRANSFERS

| Ι | (Name) | (rank | /designation) | of |
|---|--|-------------|-------------------|--------|
| | (Name of the Office), do hereby certify that during the pas | st 7 years | (Up to 31.03.20) | 23) I |
| have been transferred | _ times (In figures & in words) from one station to another. (If | the distan | ice between the j | form |
| and to place is at least 20 kms and the min | imum period of stay is six months then only it will be conside | ered as a t | transfer). The de | etails |
| of which are given as under: | | | | |

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

| Office/Unit and Place | Date of Joining the Office/ Unit | 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. |
|--------------------------|--|--|--------------------------------|--------------------------------------|--|--------------------|
| | | | | | | |
| | | | | | | |
| | | | | | | |
| | | | | | | |
| | | | | | | |

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: _____

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

SERVICE CERTIFICATE (STATE GOVERNMENT)

| Certified | that | Sri/Smt. | | is | working | as | a |
|--------------|---------|--------------------|---|------------|---------------|--------|------|
| regular/perr | nanent/ | /temporary/contrac | tual/part time/casual employee in the capacity of | | | | |
| in this of | ffice / | Ministry /under | the Ministry of | | govern | nment | of |
| | | He/ She is | an employee of State Govt. / State Govt. Autonomou | us body/S | State Govt.] | PSU fi | ılly |
| financed by | the Sta | te Govt./partially | inanced by the state Govt. His/her services are non-trans | sferable / | transferable | anywh | ere |
| in | | • | | | | | |
| Complete A | ddress | 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) _______ (rank /designation) of (Name of the Office), do hereby certify that during the past 7 years (Up to 31.03.2023) I have been transferred _______ times (In figures & in words) from one station to another. (*If the distance between the form and to place is at least 20 kms and the minimum period of stay is six months then only it will be considered as a transfer*). The details of which are given as under:

| Office/Unit and Place | Date of Joining the Office/ Unit | 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. |
|--------------------------|--|--|----------------------------------|--------------------------------------|---|-----------------------|
| | | | | | | |
| | | | | | | |
| | | | | | | |
| | | | | | | |
| | | | | | | |

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

| | | Signature of the Parent |
|------------------------|---------------------------------------|---|
| | COUNT | ER SIGNATURE |
| I, | (Name) | (Rank/Designation) of |
| | (Name of the Office/ | Unit/Department) hereby certify that the particulars given in |
| above have been auther | nticated by the records held in the o | office and found correct. |
| | | |
| | | |

| Place: | |
|---------|--|
| Date: _ | |

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

CERTIFICATE FROM THE EMPLOYER

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

I Sri/Smt./Ms.

____ (Name of the Employer) ,designation___

working in the office of _____ _department of ______, government of

_ do hereby certify the following in respect of Sri/Smt./Ms.

_____(Name of the Employee) whose son/daughter

(Name of the Child) is seeking admission in KV No.1 CUTTACK

| 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) | | |
| 04 | Designation of the employee | | |
| 05 | Employee Code / Employee Identity No. | | |
| 06 | Name of the office where the employee is presently posted | | |
| 07 | Status of Employment (Whether Permanent/ Regular/ Temporary/Contractual/ Part Time/ | | |
| | Adhoc/Daily Wage Basis/Casual -To be written clearly) | | |
| | This office/organization is Central Government/Central Government Autonomous | | |
| 08 | body/PSU fully or partially financed by Govt. of India/State Government/ Sate | | |
| | Government Autonomous Body/ PSU fully or partially finance by the state govt. (To be | | |
| | written clearly) | | |
| 09 | Whether the employee is to be considered as an employee of Central Government/Central Government Autonomous body/PSU fully or partially 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) | | |
| 10 | 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 Autonomous Bodies / Public Sector Undertaking/Institute of Higher Learning of the Government of India. Children of transferable and non-transferable State Government employees. Children of transferable and non-transferable employees of Autonomous Bodies/ Public Sector Undertaking/Institute of Higher Learning of the State Governments. Children from any other category | | |
| 11 | Recent Pay/Salary of the Employee with proper Split up | (i) (ii) (iii) (iv) (v) (v) (vi) (vi) | Pay Level : Pay : DA : HRA Any Other Any Other : Total : |
| | Whether the employee is drawing the consolidated pay | (11) | YES / NO |

Place: _____

Date: _____

Signature of the Certifying Authority with Seal

Complete Address of the Office:

Telephone Number:

Pge-1/2

AFFIDAVIT FOR SINGLE GIRL CHILD

Rs. 100/- Stamp Paper (Notary) Affidavit

| I | aged | years , Indian inhabitant occupation |
|----------|--|---|
| | Resident | of |
| | | is mother/father of |
| | Date of Birth | |
| of the I | nstitution for admission of my daughter | in Class-I (One) vide KVS Admission |
| Guideli | nes 2023-24 | |
| 1. 2. | I hereby declare that Miss male/female sibling). I understand that it shall be my sole responsibility to inform Child in the family immediately, if and when it occurs. I am also aware that in case it is detected at any time that the affidavit sworn by the school authorities and KVS against me. | n you about any change in status of Single Girl |
| | Signature of Father Signature Residential Address with Contact Number: | e of Mother |
| | Solemnly affirmed at: (Day) of (Mon | |
| | BEFORE ME Explained and Identified by me, | |
| | Advocate | |
| | | |

Pge-2/2

AFFIDAVIT FOR SINGLE GIRL CHILD

| I, Father of (Single Girl Child) | & Mother of (Single Girl Child) | | |
|---|---------------------------------|-------------|--|
| | residing | at | |
| | | o solemnly | |
| declare that we have n other child except | (Name of the | Single Girl | |
| Child). | | | |
| 1. That I am citizen of India. | | | |
| 2. That | is my real daughter. | | |
| 3. That her date of birth is | | | |
| 4. That I have a Single Daughter and no other child in my family. | | | |
| 5. That my above-mentioned daughter has no brother or sister. | | | |
| 6. That I will inform the School authority in case another son or d | aughter is born in my family. | | |
| 7. If any information or documents are found incorrect on verif | cation, the admission of my w | ard may be | |

treated as canceled, I will not sustain any claim against the decision of Principal, Kendriya Vidyalaya No.3 Bhubaneswar.

Deponent