

तिथि / Date:

केन्द्रीय विद्यालय क्र. 2 बिन्नागुडी KENDRIYA VIDYALAYA No. 2 BINNAGURI

सत्र 2021-22 हेतु पंजीकरण फार्म / REGISTRATION FORM FOR SESSION 2021-22

	कक्षा / Class पंज	ीकरण संख्य	∏/Regis	stration	No.					
1. विद्यार्थी का पूरा नाम (हिन्दी में)									बच्चे का फोटो	
Name of child in full (in Capital letters)									Photograph of the child (Passport size)	
शब्दों में /In words. 3. आयु 31-3-2021 तक /Age as on 31.3.2021 वर्ष Year										
5. छात्र की श्रेणी Category to which child belongs (सम्बन्धित प्रमाण पत्र संलग्न करें / Please attach relevant certificate) GENERAL SC ST OBC (CL) OBC (NCL) EWS BPL Diff. abled S.G Child										
	धार कार्ड संख्या / Aadhar Card Numb									
7 . मात	ता पिता का ब्यौरा/ Details of Mother/ I	Father		24.4						(F. d)
(i)	नाम (स्पष्ट अक्षरों में)		माता /	Mother				पिता / Father		
(1)	Name (in Capital letters)									
(ii)	राष्ट्रीयता Nationality					in a				
(iii)	व्यवसाय Occupation									
	कार्यालय का नाम पूरा पता व दूरभाष									
(iv)	Name of Office and full address with Telephone									
(v)	पूर्ण आवासीय पता व दूरभाष									
	(प्रमाण सहित)									
	Full residential address with									
	Telephone numbers (with proof)									
(vi)	विद्यालय से दूरी (कि. मी. में)									
	Distance from KV (in km) *									
(vii)	मूल वेतन Basic Pay				H-1			641		
(viii)	पिछले 7 वर्षों में स्थानांतरणों की संख्या									
	No.of transfers in the last 7 years									
(ix)	माता –िपता की श्रेणी		Haji d			b nel				
	Category of the Parent #		3000							
(x)	कर्मचारी कोड (यदि हो तो) Employee Code, if any									
# माता-पिता की श्रीणी (I. Central Govt / II. Autonomous bodies of Central Govt / III. State Govt. / IV. Autonomous bodies of State Govt. / V. Others)										
मैं प्रमार्ग	णेत करता हूँ कि उपर्युक्त तथ्य मेरी जानकारी	ो में सही हैं।	I certify	that the	above	entrie	s are tr	ue to th	e best o	f my knowledge.

Signature of Mother/ Father/ Guardian

सेवा प्रमाण-पत्र /SERVICE CERTIFICATE

(Centre Govt केंद्र सरकार)

A THE TAIL STATE S	कार्यालय / मंत्रालय						
में कार्यरत	हैं। वे रक्षा सेवा / केन्द्रीय रिज़र्व पुलिस बल / सीमा सुरक्षा बल						
	ार स्वायत्त संस्था / सार्वजनिक क्षेत्र के उपक्रम के/ की कर्मचारी हैं,						
जिनका पूर्ण वित्त प्रबंध केन्द्रीय सरकार द्वारा होता है और इनकी सेव							
	is working in the office/Ministry of						
	nce Service/ CRPF/ BSF/ NSG/ SPG/ CISF/ Central Govt./						
	eed/ partially financed by Central Govt. and his/her services						
	car partially illianced by central dovt. and his/her services						
are transferable anywhere in India.							
स्थान एवं दिनांक	कार्यालय अध्यक्ष के हस्ताक्षर						
Station with date	(नाम, पद और कार्यालय की मोहर सहित)						
	Sign. of the head of the Office						
Talanhana No	(with Name, designation and Office Seal)						
दूरभाष Telephone No							
कार्यालय का पूर्ण पता Complete address of the office	~						
सेवा प्रमाण-पत्र SERV	VICE CERTIFICATE						
(राज्य सरकार	State Govt)						
प्रमाणित किया जाता है कि श्री / श्रीमती	कार्यालय / मंत्रालय						
	के उपक्रम के/ की कर्मचारी हैं, जिनका पूर्ण/ आंशिक वित्त प्रबंध राज्य						
सरकार द्वारा होता है और इनकी सेवायें राज्य में कहीं भी स्थानांतर							
Certified that Shri/Smt							
TT Int							
He/She is an employee of state Gov	vernment / Autonomous Body/ Public Sector Undertaking						
He/She is an employee of state Gov fully financed/ partially financed by state Govt and his serv							
	ices are transferable anywhere in the state.						
fully financed/ partially financed by state Govt and his serv	ices are transferable anywhere in the state. कार्यालय अध्यक्ष के हस्ताक्षर						
fully financed/ partially financed by state Govt and his servented to the state of	ices are transferable anywhere in the state. कार्यालय अध्यक्ष के हस्ताक्षर (नाम, पद और कार्यालय की मोहर सहित)						
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fully financed/ partially financed by state Govt and his service. He/sh equal to the state of the office with date स्थान एवं दिनांक Station with date दूरभाष Telephone No	ices are transferable anywhere in the state. कार्यालय अध्यक्ष के हस्ताक्षर (नाम, पद और कार्यालय की मोहर सहित) Sign. of the head of the Office (with Name, designation and Office Seal) Died in Harness Certificate जिल् । Only for Central Govt Employees) स्वर्गीय श्री / श्रीमती						
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स्थानांतरण सम्बंधी प्रमाण-पत्र Certificate Regarding Transfers										
		********************	***************************************	(नाम)	***********	(रैंक	/ पदनाम)			
						ात साल में (31.03.20	021 तक) एक स्थान से			
दूसरे	स्थान पर मेरे									
						rank/designation)				
(unit/office), do hereby certify that during the past 7 years (upto 31.03.2021) I have been transferred										
times (in figures and words) from one station to another, the details of which are given as under:										
क्र. सं.	कार्यालय / यूनिट Office / Unit	स्थान Place of	रैंक / पदनाम	दिनांक / Date		ठहरने की अवधि	आदेश संख्या			
S.N	Office / Unit	Posting	Rank/ Designation	से From	तक To	Period of stay	Order No.			
1.										
2.										
3.										
4.										
5.										
मैं जा	 नता / जानती हं कि य	यदि उपर्यक्त तथ्र	य गलन पाए गए ने	मेरा बचा केर्न	ोग निसालग में	 प्रवेश के लिए अयोग्य				
I know that if the above mentioned facts are found incorrect, my child will be disqualified for admission in Kendriya Vidyalaya. पाता / पिता के हस्ताक्षर Signature of Parent										
		*	प्रतिहस्ताक्षर	Countersi	gnature					
मैं,										
11,	**********	*********	(क्यांक्य) एड	(नाम)		उपर्युक्त विवरण को	(रेक / पदनाम)			
जांच 1	लिया गया है व सही	पाया गया है।	(40 A 10 A) &c	ाप क्षारा असा।ण	ात करता हूं।क	उपयुक्त ।ववरण का	कायालय आलखा स			
I,rank/designation.										
unit/departmenthereby certify that the particulars given above have been authenticated by the records held in the office and found to be correct.										
स्थान ए	ग्वं दिनांक	b								
स्थान एवं दिनांक Station with date					कार्यालय अध्यक्ष के हस्ताक्षर (नाम, पद और कार्यालय की मोहर सहित)					
			Sign. of the head of the Office (with Name, designation and Office Seal)							
	Telephone No		C.1 CC							
कार्यालय का पूर्ण पता Complete address of the office										
ाटप्प णा ।	Note:: एक स्थान पर ठ	हरन का अवधि कम	****	चाहिए Minimu	n period of posti	ng/stay at a place should	d be six months.			

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