

Kendriya Vidyalaya Dholchera REGISTRATION FORM FOR ADMISSION IN CLASS XI (2023-24) LAST DATE OF SUBMISSION: 06/06/2023 (02:00 PM) PASTE RECENT COLOURED PASSPORT SIZE PHOTOGRAPH

Subje			ed: (i)	,		,		,		RY, M		,	,				ITING	ı	
STUD	ENT	NAM	E IN E	BLOC	K LET	ΓTER	S:												
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		/			/														
D	D	/	M	М	/	Υ	Υ	Υ	Υ				PAF	RENT	EMA	IL ID			
	GENI	DER	(TICK	. √ M	ARK))													
MΔ	MALE FEMALE							STU	JDENT AADHAAR CARD NUMBER (12 DIGITS)										
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SO	CIAL	CAT	EGOR	RY (T	ICK v	/ MA	RK):	sc		ST		OE (NC	BC CL)		GE	EN		ОВС	
		•	NCL)	, att	ach s	elf-a	ttest	ed p	hoto	сору	of ce	ertifi	cates	ONI	Y IN	THE	NAM	E OF	THE
STUE DISAI		•	ASF \	WRIT	E YES	. / No	O):				ONI	Y CHI	II D (F	PI FAS	SF WF	RITF \	/FS /	NO):	
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PARE	ENT (occl	JPATI	I NO	DETA	ILS:													
моті	HER'	S NA/	ME IN	BLO	CK LE	TTE	RS:												
моті	HER'S	s oc	CUPA	TION	·:														
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MOT	HER'									non-								E √ T	ICK)
KV (CAT	_ 1	empl	oyee	s and	d chil	dren	of ex	x- se	rvicei	men.	This	will	also	inclu	de ch	nildre	n	

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.

KV CAT - 3

Children of transferable and non-transferable State Government employees.

Children of transferable and non-transferable employees of Autonomous Bodies/ Public Sector Undertakings/Institute of Higher Learning of the State Governments.

KV CAT - 5

Children from any other category

FATHER'S NA	ME IN BLOCK I	LETTERS:								
FATHER'S OC	CCUPATION:			FATHER BASIC PAY : (Attach latest Pay Slip if applicable)						
FATHER'S O	Children of tra	ansferable and non- x- servicemen. This	trans s will	ADMISSION GUIDELINES: ferable Central governmer also include children of transfer to India on invita	t employees Foreign Natio	onal				
KV CAT - 2	Children of transferable and non-transferable employees of Autonomous Bodies / Public Sector Undertaking/Institute of Higher Learning of the Government of India.									
KV CAT - 3 Children of transferable and non-transferable State Government employees.										
KV CAT - 4	Children of transferable and non-transferable employees of Autonomous Bodies/									
KV CAT - 5	KV CAT - 5 Children from any other category									
(Attach a pro	oof of Residence			rk sheet) CBSE Roll No						
	bject	Marks		Subject	Marks					
Hindi	.,	- mano		Mathematics Standard	15,000,000,000					
Sanskrit				Mathematics Basic						
English				Science						
Social Science	е		b	Total Marks with %	/500	%				
Concession		n to Class XI (Plea		ut a tick √ mark as appli 2023-24 as published in h		other pic in/				
Sports & G		DIMISSION GUIDEL	IINEO	Scouting/ Guiding	ups.//kvsang					
-		quivalent level.		Rashtrapati Puraskar award certificate						
		National/ State level.		Rajya Puraskar award certificate with 07 proficiency badges.						
Participa	tion at KVS Re	egional/ District Level		Tritiya Sopan certificate with 05 proficiency badges						
NCC		,		Adventure Activities						
A		participation in bublic/PM Rally		Participation in at least One 10 days adventure activity						
А		d best Cadet in Distt/State level		If APPLICABLE, attach self-attested photocopy of certificates ONLY IN THE						
		A certificate		NAME OF THE STUD						
We hereby de	eclare that the	e above information	on fui	rnished is true to the be	st of our kno	owledge.				
Date:		Signature of Stude	ent		Parent's Sig	nature				

सेवा प्रमाण-पत्र/SERVICE CERTIFICATE

(केन्द्रीय सरकार/Central Govt.)

प्रमाणित किया जाता है कि श्री/श्रीमती	पद
	रत है। ये रक्षा सेया/ केन्द्रीय रिज़र्य पुलिस बल/एस.एस.बी/
असम राइफल्स /आई.टी.बी.पी/सीमा सुरक्षा बल/एन.एस.जी./एस सार्वजनिक क्षेत्र के उपक्रम जो पूर्ण या आंशिक रूप से केंद्र	ा.पी.जी./सी.आई.एस.एफ./केन्द्रीय सरकार स्वायत सस्था अथवा
तथा उनकी सेवा अस्थानांतरणीय है/पूर्ण भारत में कहीं भी	स्थानांतरणीय है।
Certified that Shri/SmtDesignation in the office/Ministry of	he is a regular employee of Defence Service /ITBP/ ral Govt./Autonomous Body/Public Sector Central Govt. and his/her services are
	कार्यालय अध्यक्ष के हस्ताक्षर
	(नाम, पद और कार्यालय की मोहर सहित)
स्थान/Place	Signature of Head of the Office
दिनांक/Date	(With Name, Designation and Office Stamp)
कार्यालय का पूर्ण पता एवं दूरभाष संख्या	
Complete address and Telephone No. of office	
सेवा प्रमाण-पत्र/SER	RVICE CERTIFICATE
(राज्य-सरका	R/State Govt.)
	·····, ·······
कार्यालय/मंत्रालय में नियमित कर्मचारी के रूप	में कार्यरत है। तथा उनकी सेवा अस्थानांतरणीय है/पूर्ण
राज्य में कहीं भी स्थानांतरणीय है।	
	is permanently working in the office/Ministry of
and his/her services are non-	-transferable/transferable anywhere in State.
	कार्यालय अध्यक्ष के हस्ताक्षर
	(नाम, पद और कार्यालय की मोहर सहित)
TOWN (Diego	Signature of Head of the Office
स्थान/Place दिनांक/Date	(With Name, Designation and Office Stamp)
IGHIA1/ Date	(Williams, Designation and Office State)
Complete address and Telephone No. of office	

स्थानांतरण संख्या प्रमाण-पत्र/CERTIFICATE OF NUMBER OF TRANSFERS (कार्यालय). (नाम)_____(रैंक/पदनाम) एतद द्वारा प्रमाणित करता/करती हूँ पिछले सात साल (31.03.2020 तक) में एक स्थान से दूसरे स्थान पर मेरे (अंको व शब्दों में) स्थानांतरण हुए जिनका विवरण नीचे दिया गया है-(Name) _____(rank/ designation) of _____ (office), do hereby certify that during the past 7 years (up to 31.03.2020) I have been transferred times (in figures & in words) from one station to another, the details of which are given as under :-ठहरने की अवधि आदेश संख्या दिनांक/Date कार्यालय/ युनिट रैंक/पदनाम क्र. स. स्थान Order No. Period of stay Office/Unit Place Rank/Designation S. No. से/ From तक/To 1. 2. 3. 4. 5. 6. 7. में जानता/जानती हैं कि यदि उपरोक्त तथ्य गलत पाए गए तो मेरा बच्चा केन्द्रीय विद्यालय में प्रवेश के लिए अयोग्य हो जाएगा। I know that if the above-mentioned facts are found incorrect, my child will be disqualified for admission in Kendriya Vidyalaya. माता/पिता के हस्ताक्षर Signature of Parent प्रतिहस्ताक्षर/Countersignature ____(नाम)______(रैंक/पदनाम)_____ (कार्यालय), एतद द्वारा प्रमाणित करता हूँ कि उपरोक्त विवरण को कार्यालय-आलेखों से जाँच लिया गया है व सही पाया गया है। _____(name)_____(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. कार्यालय अध्यक्ष के हस्ताक्षर (नाम, पद और कार्यालय की मोहर सहित) स्थान/Place_____ Signature of Head of the Office दिनांक/Date_____ (With Name, Designation and Office Stamp) कार्यालय का पूर्ण पता एवं दूरभाष संख्या Complete address and Telephone No. of office _____ टिपण्णी/Note-

एक स्थान पर ठहरने की अवधि कम से कम छह मास होनी चाहिए। Period of posting/stay at a place should be minimum six months.