

KENDRIYA VIDYALAYA NO. 1 SAGAR

ADMISSION NOTICE CLASS -1 2020-21

PARENTS ARE REQUESTED TO REPORT WITH FOLLOWING DOCUMENTS (ORIGINAL COPY) WITH ONE SET OF PHOTO COPIES OF EACH:

1. **The copy of Registration Form submitted ONLINE**
2. **Date of Birth Certificate** (DOB between- 31st March 2013 to 1st April 2015) – Issued by Competent Authority(Registrar –Birth/Municipal Corporation/Gram Panchayat Sachiv/Military Hospital).
3. **Caste Certificate** (SC/ST/OBC)- Issued in the name of child/Parents.
4. **Proof of Residence.**
5. **Service Certificate** (If applying under Service Cat. I to IV)
6. **Transfer Certificate** with details of Transfers within last 07 years (Issued by Office/Deptt. Head with stamp)/ Copies of Transfer Orders
7. **Recent Salary slip**
8. **IF UNDER RTE (BPL/EWS):**
 - BPL card (In the Name of candidate’s father/mother only)
 - PatrataParchi – latest (issued by Ration Shop)& Recent Transaction slip.
 - Income Certificate(Issued by Competent Authority)
9. **Discharge Papers and PPO** (If Uniformed Ex Servicemen)
10. **IF APPLYING UNDER SINGLE GIRL CHILD QUOTA:**
 - Original Affidavit (100/- stamp paper)
 - Ration Card showing family details/ Samagra ID
11. **Disability Certificate** (Issued by Competent Authority) – If Applicable
12. **Aadhar Card** of the child.
13. **Distance Certificate**(from Residence to school – Self Declaration by parents)
14. Samagra ID
15. Relationship Certificate (In case of Grandchildren of Hon’ble MP/ KVS employees)
16. Recent Passport size Photograph of the child.

LAST DATE FOR ADMISSION 20/08/2020

TIMING FOR ADMISSION – 11.00AM TO 2.00PM

(If parents of selected candidates don’t take admission till last date, waitlisted candidates will be given admission in their place)

PRINCIPAL

FORMAT OF SERVICE CERTIFICATE

केंद्रीय सरकार का सेवा प्रमाण पत्र / Central Government Service certificate

प्रमाणित किया जाता है कि श्री /श्रीमती /सुश्री _____ कार्यालय /मंत्रालय में नियमित कर्मचारी के रूप में कार्यरत है। वे रक्षा सेवा /केंद्रीय रिज़र्व पुलिस बल /सीमा सुरक्षा बल /एन एस जी/एस पी जी /सी आई एस एफ/ केंद्रीय सरकार के स्वायत्त संस्थान / सार्वजनिक क्षेत्र के उपक्रम जो पूर्ण या आंशिक रूप से केंद्र सरकार से वित्त पोषित है ,के नियमित कर्मचारी है तथा उनकी सेवा अस्थानांतरणीय है /पूर्ण भारत में कहीं भी स्थानांतरणीय है।

Certified that Mr./Mrs. _____ is working as regular employee in the office/ministry of _____.

He/She is a regular employee of Defence Service/CRPF/SSB/NSG/SPG/CISF/Autonomous Body under Central Government/Public Sector Undertaking fully financed/partially financed by Central Government and his/her services are transferable/Non transferable anywhere in India.

स्थान एवं दिन/ Place & Date

कार्यालय अध्यक्ष के हस्ताक्षर ,पद मुद्रा सहित
(Signature of head of Office Designation & Office stamp)

राज्य सरकार का सेवा प्रमाण पत्र / State Government Service certificate

प्रमाणित किया जाता है कि श्री /श्रीमती /सुश्री _____ कार्यालय /मंत्रालय में नियमित कर्मचारी के रूप में कार्यरत है। उनकी सेवा अस्थानांतरणीय है / पूरे राज्य में कहीं भी स्थानांतरणीय है।

Certified that Mr./Mrs. _____ is working as regular employee in the office/ministry of _____.

His/Her services are transferable/Non transferable anywhere in the State.

स्थान एवं दिन/ Place & Date

कार्यालय अध्यक्ष के हस्ताक्षर , नाम ,पद मुद्रा सहित
(Signature of head of Office Name,Designation & Office stamp)

कार्यालय का पूर्ण पता दूरभाष सहित: _____

Complete Address of Office with Telephone No.: _____

स्थानांतरण संख्या प्रमाण पत्र/CERTIFICATE OF NUMBERS OF TRANSFERS

मैं _____ (नाम) _____ (पद/रैंक) _____ कार्यालय ,एतद द्वारा प्रमाणित करता/करती हूँ कि पिछले सात वर्ष में (३१ मार्च २०२० तक)एक स्थान से दूसरे स्थान पर मेरे _____ (अंको एवं शब्दों) स्थानांतरण हुए ,जिसका विवरण नीचे दिया गया है ।

I _____ (Name) _____ (Designation/Rank) _____ office, do hereby certify that during last 07 Years(Up to 31 March 2020), I have been transferred _____ times (In figures & words) from one station to another ,the details of which is given as under:

SN	कार्यालय /यूनिट Office/Unit	स्थान Place	पद/रैंक Designation/Rank	दिनांक/Date		ठहरने की अवधि Period Of stay	आदेश संख्या Order No.
				से	तक		
1							
2							
3							
4							
5							
6							
7							

मैं जानता हूँ की यदि उपरोक्त तथ्य गलत पाए गए तो मेरा पाल्य केंद्रीय विद्यालय में प्रवेश के लिए अयोग्य हो जायेगा ।
I know that if above mentioned facts are found incorrect,my ward will be disqualified from Admission in Kendriya vidyalaya.

अभिभावक के हस्ताक्षर/Signature of Parent

प्रति हस्ताक्षर /Counter Signature

मैं _____ (नाम) _____ (रैंक /पदनाम) _____ कार्यालय ,एतद द्वारा प्रमाणित करता /करती हूँ की उपरोक्त विवरण को कार्यालय अभिलेखों से जांच लिया गया है एवं सही पाया गया है ।

I _____ (Name) _____ (Rank/Designation) of _____ (Unit/Office),do hereby certify that the particulars given above have been verified from the Office Records and found correct.

स्थान एवं दिन/ Place & Date

कार्यालय अध्यक्ष के हस्ताक्षर , नाम ,पद मुद्रा सहित
(Signature of head of Office Name,Designation & Office stamp)

कार्यालय का पूर्ण पता दूरभाष सहित: _____

Complete Address of Office with Telephone No.: _____

नोट : एक स्थान पर ठहरने की अवधि कम से कम १८० दिन या ६ माह होनी चाहिए ।

NOTE: Period of stay at one station must at least 180 days or 6 Months.

सेवाकालीन मृत्यु प्रमाण पत्र/Died in Harness Certificate
(केवल केंद्रीय सरकार के कर्मचारियों के लिए /only For Central Government Employees)

प्रमाणित किया जाता है की कुमार /कुमारी _____ स्वर्गीय श्री /श्रीमती
_____ के पुत्र /पुत्री है ,जो _____ कार्यालय /विभाग में
नियमित रूप से सेवारत थे /थी। उनका देहवसान सेवाकाल की अवधि में दिनांक _____ को हो गया था।

Certified that Master/Miss _____ is the daughter/son of
Late Mr./Mrs. _____ who was regular employee of
_____ Office/Department.He/She died in harness(while in service) on
_____ (Date)

स्थान एवं दिन/ Place & Date _____ कार्यालय अध्यक्ष के हस्ताक्षर , नाम ,पद मुद्रा सहित
(Signature of head of Office Name,Designation & Office stamp)

कार्यालय का पूरण पता दूरभाष सहित: _____
Complete Address of Office with Telephone No.: _____

स्वघोषणा /Self Declaration

मैं _____ एतद द्वारा घोषणा करता हूँ /करती हूँ कि मेरा
निवास केंद्रीय विद्यालय क्रमांक ०१ सागर से _____ किलोमीटर है।

I _____ do hereby declare that my
residence is _____ K.M. from Kendriya Vidyalaya No.01 Sagar.

हस्ताक्षर /Signature

**List of Documents to be submitted by PARENTS (ORIGINAL COPY) WITH ONE SET OF
PHOTO COPIES OF EACH:**

17. **The copy of Registration Form submitted ONLINE**
18. **Date of Birth Certificate** (DOB between- 31st March 2013 to 1st April 2015) –
Issued by Competent Authority
19. **Caste Certificate** (SC/ST/OBC)- Issued in the name of child/Parents.
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Office/Deptt. Head with stamp)/ Copies of Transfer Orders
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- Original Affidavit (100/- stamp paper)
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27. **Disability Certificate** (Issued by Competent Authority) – If Applicable
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29. **Distance Certificate**(from Residence to school – Self Declaration by parents)
30. Samagra ID
31. Relationship Certificate (In case of Grandchildren of Hon'ble MP/ KVS employees)
32. Recent Passport size Photograph of the child.

KENDRIYA VIDYALAYA NO.01 SAGAR MP

SELF DECLARATION BY THE PARENT

I _____ Father/Mother of Matser
/Miss _____ age _____ Years, resident of
_____(Complete Address),do hereby declare that
information given in admission form of admission in **Kendriya Vidyalaya No.01 Sagar**
and in the enclosed documents is true to best of my knowledge and belief and nothing has
been concealed therein.

I am well aware of the fact if the information given by me is proved false /not true at any
point of time ,**admission will be cancelled** and **I will be liable to legal actions** as per
guidelines of KVS and any benefit accrued by me or my ward shall be **summarily
cancelled** .

PLACE:

DATE:

Signature of Parent /Guardian

SINGLE GIRL CHILD Rs. 100/- Stamp paper (Notary) Affidavit

I.....aged.....years, Indian Inhabitant occupationResident of is mother/father of Date of Birth..... Submitting my undertaking to The Principal KV no.01 Sagar for Admission in Class I **Vide KVS Admission Guidelines2020-21**).

1. I hereby declare that Miss..... is the only girl child in my family (with no male/female sibling). I understand that it shall be my sole responsibility to inform you about any change in status of single girl child in the family immediately, if and when it occurs.

2. I am also aware that in case it is detected at any time that the affidavit sworn by me is false, appropriate action will be taken by the school authorities and KVS against me.

Signature of father

Signature of mother

Residential address with Contact number:

Solemnly affirmed at This.....day of.....20

BEFORE ME

Explained and Identified by me,

Advocate