	,	SERVICE CE	KTIFICA	TE			
		(for Centr	,				
Certified that Shri/Smt.						•	•
						employee of	
Service/CRPF/BSF/NS					•		•
financed/partially finar					transferable	anywhere in India	a.
	, L	SERVICE CE (for State	_	ATE			
Certified that Shri/Smt.		•	· ·		is workii	ng in the office/	Ministry of
in the state.				,			, , , , , , , ,
			1				
Place:							
Date: Contact number of the authority/office :			Signatu	re & Name	e (in block let	tters) and	
			designa	tion of the	head of offic	ce with stamp	
			Name: .				
			Designa	ation:			
			1				
(upto 31.03.2022) I have					•	rtify that during the word) from one st	
	1	D 1/		D : 1	<u> </u>	D:16	0 1 N
S Office/Unit	Place	Rank/ Designation	on	Period From	of stay	Period of stay	Order No a
S Office/Unit	1		on		of stay To		
S Office/Unit N	1		on				
N 1. 2.	1		on				
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S Office/Unit N 1. 2. 3. 4. 5. 6. I know that if the above in	Place	Designation		From	To	stay	Date.
S Office/Unit N 1. 2. 3.	Place	Designation		From	To To	stay	Date.
S Office/Unit 1. 2. 3. 4. 5. 6. I know that if the above to Kendriya Vidyalaya.	Place	Designation is for	und incor	From rect, my ch	To To Signature	stay	Date.
S Office/Unit 1. 2. 3. 4. 5. 6. I know that if the above in Kendriya Vidyalaya.	Place Place DUNTER SIG	Designation or Designation or Designation is for Designation is designated by	und incor	From rect, my ch	To To Signature OFFICE	lisqualified for ad	Date.
S Office/Unit N 1. 2. 3. 4. 5. 6. I know that if the above to Kendriya Vidyalaya.	Place Place DUNTER SIG	Designation Design	und incor	From rect, my ch	To To Signature OFFICE	lisqualified for ad of the Parent (rank	Date. mission in designation)
S Office/Unit 1. 2. 3. 4. 5. 6. I know that if the above to Kendriya Vidyalaya. CO I	Place Place DUNTER SIG	Designation Design	Y HEAD me) (unit/o	rect, my ch	To To To Signature OFFICE t) hereby co	stay disqualified for ad of the Parent (rank tertify that the parent)	Date. mission in designation)
S Office/Unit N 1. 2. 3. 4. 5. 6. I know that if the above to Kendriya Vidyalaya.	Place Place DUNTER SIG	Designation Design	Y HEAD me) (unit/o	rect, my ch	To To To Signature OFFICE t) hereby co	stay disqualified for ad of the Parent (rank tertify that the parent)	Date. mission in designation)
S Office/Unit 1. 2. 3. 4. 5. 6. I know that if the above to Kendriya Vidyalaya. CO I	Place Place DUNTER SIG	Designation Design	Y HEAD me) (unit/o	rect, my ch	To To To Signature OFFICE t) hereby cod to be corrected to be corrected.	stay lisqualified for ad of the Parent (rank tertify that the parent.	mission in
S Office/Unit 1. 2. 3. 4. 5. 6. I know that if the above to Kendriya Vidyalaya. CO I	Place Place DUNTER SIG	Designation Design	Y HEAD me) (unit/of the office	rect, my che of the operation of the ope	To T	stay disqualified for ad of the Parent (rank tertify that the parent)	Date. mission in designation) particulars given

DETAILS OF SERVICE

(To be provided by the DDO/Head of the office)

1. Name of the employee:	
2. Designation :	
3. Name of the employer/Department :	
4. Dept. Category: State Govt./ State Govt.	Autonomous/ Central Govt./ Central Govt. Autonomous
(Strike out which are not applicable)	
5. Date of appointment:	
6. Date of regularisation (if initially appo	inted on contractual basis) :
7. Nature of Present Appointment : REG	ULAR/ CONTRACTUAL/ AD-HOC
(Strike out which are not applicable)	
8. Basic Pay:	9. Level:
10. Name and designation of DDO/Head	of the office:
11. Contact number of DDO/ Head of the	e office:
Certified that the information furnish	ed above is true and found correct from the
office record.	
	Signature of the Head of the Office
	(With Name, Designation and office stamp)
Place:	Name:
Date:	Designation:

CERTIFICATE FROM THE EMPLOYER

S	(Regarding Status of Employment & identification of Activity (Inc.) (Regarding Status of Employment & identification of Activity)	(Name	of the	
	nation working	in	the	office of
				-
	do hereby certify the followi	•	-	of Sri/Smt./Ms.
	(Name of the			•
idvs	(Name of the Chi	iia) is see	king admi	ssion in Kendriya
luya	Name of the Child for whom admission is sought (in Block Letters)			
	•			
2	Class in which admission is sought			
3	Full name of the employee (in Block Letters)			
4	Designation of the employee			
5	Employee Code / Employee Identity No.			
6	Name of the office where the employee is presently posted			
7	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			
8	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. (To be written clearly)			
	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)			
	Please write any one of the following which is applicable i.r.o. the child for			
	whom admission is sought			
10	 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.			
	4. Children of transferable and non-transferable employees of Autonomous Bodies/ Public Sector Undertakings/Institute of Higher Learning of the State Governments.			
	Children from any other category	(i)	Pav I A	vel :
11 Recent Pay/Sala		(ii)	_ •	
		(iii)	-	
	Recent Pay/Salary of the Employee with proper Split up	(iv)		
	Annual Annual London States of the Man	(v)		ther
		(vi)	-	ther :
		(vii)	Total :	
2	Whether the employee is drawing the consolidated pay			YES / NO
	·			
ate:				

Complete Address of the Office:

Telephone Number: _