

**SERVICE CERTIFICATE
(for Central Govt.)**

Certified that Shri/Smt.....is working in the office/Ministry of He/She is an employee of **Defence Service/CRPF/BSF/NSG/SPG/CISF/Central Govt./Autonomous Body/Public Sector Undertaking** fully **financed/partially financed by Central Govt.** and his/her services are transferable anywhere in India.

**SERVICE CERTIFICATE
(for State Govt)**

Certified that Shri/Smt..... is working in the office/Ministry of He/ She is an employee of State Government transferable anywhere in the state.

Place:

Date:

Contact number of the authority/office :

Signature & Name (in block letters) and designation of the head of office with stamp

Name:

Designation:

CERTIFICATE OF NUMBER OF TRANSFERS

I, Smt/Shri _____ (Name) _____ (rank/designation) of _____ (office), do hereby certify that during the past 7 years (upto 31.03.2022) I have been transferred _____ (in figure & in word) from one station to another.

The detail of which are given as under

S N	Office/Unit	Place	Rank/ Designation	Period of stay		Period of stay	Order No & Date.
				From	To		
1.							
2.							
3.							
4.							
5.							
6.							

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

Signature of the Parent

COUNTER SIGNATURE BY HEAD OF THE OFFICE

I _____ (Name) _____ (rank/designation) of _____ (unit/department) hereby certify that the particulars given above have been authenticated by the records held in the office and found to be correct.

Signature of the Head of the Office

Contact number of the authority/office :

(With Name, Designation and office stamp)

Name:

Designation:

NOTE: STRIKE OUT WHICH ARE NOT APPLICABLE

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 appointed on contractual basis) :
7. Nature of Present Appointment : REGULAR/ 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 office:

Certified that the information furnished 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: