## **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                |

## Signature of the Head of the Office

(With Name, Designation and office stamp)

•

| Place: | Name:        |
|--------|--------------|
| Date:  | Designation: |

office record.

| Certified that Shri/Smt  |          |                            | SI                       | ERVICE CE     |           |               |                 |                    |                |
|--|----------|----------------------------|--------------------------|---------------|-----------|---------------|-----------------|--------------------|----------------|
| Service/CRF/BSF/NSG/SPG/CISF/Central Govt./Autonomous Body/Public Sector Undertaking   | Certifie | ed that Shri/Smt.          |                          | •             |           |               | is worki        | ng in the office/  | Ministry of    |
| Imanced/partially financed by Central Govt. and his/her services are transferable anywhere in India.         SERVICE CERTIFICATE<br>(for State Govt)         Certified that Shri/Smt         In the state.         Place:         Date:         (Interpretation of the authority/office :         Name:         (Interpretation of the authority/office :         (Interpretation of the authority/office :         (Interpretation of the authority/office :         (Interpretation of the head of office with stamp         (Interpretation of the authority/office :         (Interpretation of the head of office with stamp         (Interpretation of the head of stap         (Inteq   |          |                            |                          |               |           | He/She        | is an           | employee of        | Defence        |
| SERVICE CERTIFICATE<br>(for State Govt)         Certified that Shri/Smt  | Service  | e/CRPF/BSF/NS              | G/SPG/CISF/C             | 'entral Gov   | rt./Auto  | onomous B     | ody/Public      | Sector Underta     | aking fully    |
| (for State Govt)         Is working in the office/Ministr         Place:         Signature & Name (in block letters) and designation of the head of office with stamp         Name:         Designation of the head of office with stamp         Name:         CERTIFICATE OF NUMBER OF TRANSFERS         , Smt/Shri  | linance  | ed/partially finar         | ced by Centra            | l Govt. and l | nis/her s | services are  | transferable a  | anywhere in India  | a.             |
| Certified that Shri/Smt       is working in the office/Ministr         He/ She is an employee of State Government transferable anywhin the state.       Place:         Place:       Signature & Name (in block letters) and designation of the head of office with stamp         Date:       Date:         Date:       Designation:         Date:       Designation:         Date:       (name)         (rank/designation:       (rank/designation to frame of the past (name)         (smt/Shri       (rank/designation to from one station to frame of the detail of which are given as under         Stagnation       From       To         Stagnation       From       To         1.       Date:       Date:         2.       Date:       Date:         3.       Date:       Date:         4.       Date:       Date:         5.       Date:       Date:         6.       Date:       Date: <tr< td=""><td></td><td></td><td>SI</td><td></td><td></td><td></td><td>· · · ·</td><td></td><td></td></tr<>  |          |                            | SI                       |               |           |               | · · · ·         |                    |                |
| He/ She is an employee of State Government transferable anywer in the state.         Place:       Signature & Name (in block letters) and designation of the head of office with stamp         Date:       Name:       Date:         Contact number of the authority/office :       Name:       Designation:         Designation:       Designation:       Designation:         CERTIFICATE OF NUMBER OF TRANSFERS       (rank/designation)         t.Smt/Shri       (name)       (rank/designation)         the detail of which are given as under       Signature & in word) from one station to The detail of which are given as under         N       Office/Unit       Place       Rank/       Period of stay       Period of stay       Image: Order of the stay   | Certifie | ad that Shri/Smt           |                          |               |           |               | is workin       | e in the office/   | Ministry of    |
| n the state.         Place:  |          |                            |                          |               |           |               |                 | -                  |                |
| Place:       Signature & Name (in block letters) and designation of the head of office with stamp         Date:       Name:         Contact number of the authority/office :       Designation of the head of office with stamp         Name:       Designation:         CERTIFICATE OF NUMBER OF TRANSFERS         ,Smt/Shri       (office), do hereby certify that during the past         upto 31.03.2021) I have been transferred       (in figure & in word) from one station to         The detail of which are given as under       Period of stay       Period of         S       Office/Unit       Place       Rank/       Period of stay       Period of         1.       Image: I  |          |                            |                          |               |           |               |                 |                    |                |
| Date:       Signature & Name (in block letters) and designation of the head of office with stamp         Contact number of the authority/office :       Name:       Designation:         Signature & Name (in block letters) and designation of the head of office with stamp       Name:       Designation:         CertificATE OF NUMBER OF TRANSFERS       Smt/Shri       CertificATE OF NUMBER OF TRANSFERS       Designation:         ,Smt/Shri       (Name)       (rank/designation)       Certifice), do hereby certify that during the past (office), do hereby certify that during the past (office/Unit Place Rank/ Designation)       Period of stay       Period of stay         Signature of the above mentioned information is found incorrect, my child will be disqualified for admission Xendriya Vidyalaya.       Signature of the Parent         COUNTER SIGNATURE BY HEAD OF THE OFFICE       I       (name)       (rank/designation)         I       (Name)       (rank/designation)       (rank/designation)         At       (name)       (rank/designation)       (rank/designation)         Signature of the Parent       COUNTER SIGNATURE BY HEAD OF THE OFFICE       (rank/designation)         I       (name)       (rank/designation)       (rank/designation)         At       (name)       (rank/designation)       (rank/designation)         Signature of the Parent       Count (name)       (rank/designation) </td <td></td> <td></td> <td></td> <td></td> <td> </td> <td></td> <td></td> <td></td> <td></td>   |          |                            |                          |               |           |               |                 |                    |                |
| definition of the head of office with stamp         Contact number of the authority/office :         Designation of the head of office with stamp         Name:         Designation:         Designation:         CERTIFICATE OF NUMBER OF TRANSFERS         ,Smt/Shri       (nank/designati         (office), do hereby certify that during the past         upto 31.03.2021) I have been transferred       (in figure & in word) from one station to         The detail of which are given as under       Period of stay       Period of         S       Office/Unit       Place       Rank/       Period of stay       Period of         Q       Office/Unit       Place       Rank/       Period of stay       Period of       Office/Unit         S       Office/Unit       Place       Rank/       Designation       I       I         2.       I       I       I       I       I       I       I         3.       I       I       I       I       I       I       I       I         4.       I       I       I       I       I       I       I       I         5.       I       I       I       I       I       I       I       I   | Place: . |                            |                          |               |           |               |                 |                    |                |
| Contact number of the authority/office :       Name:   | Date:    | ****                       |                          |               | Signa     | ture & Name   | e (in block let | ters) and          |                |
| Designation:   |          |                            |                          |               | -         |               |                 | -                  |                |
| CERTIFICATE OF NUMBER OF TRANSFERS ,Smt/Shri   | Contact  | t number of the            | authority/office         | 2:            | Name      | :             |                 |                    |                |
| CERTIFICATE OF NUMBER OF TRANSFERS         ,Smt/Shri       (name)       (rank/designation)         upto 31.03.2021) I have been transferred       (office), do hereby certify that during the past         upto 31.03.2021) I have been transferred       (in figure & in word) from one station to the detail of which are given as under         S       Office/Unit       Place       Rank/       Period of stay       Period of       Ord         S       Office/Unit       Place       Rank/       Period of stay       Period of       Ord         S       Office/Unit       Place       Rank/       Period of stay       Period of       Ord         S       Office/Unit       Place       Rank/       Designation       To       stay       I         L       I       I       I       I       I       I       I       I         2       I  |          | ••••••                     |                          |               | Desig     | nation:       | •••••           | •••••              |                |
| CERTIFICATE OF NUMBER OF TRANSFERS         ,Smt/Shri       (name)       (rank/designation)         upto 31.03.2021) I have been transferred       (office), do hereby certify that during the past         upto 31.03.2021) I have been transferred       (in figure & in word) from one station to the detail of which are given as under         S       Office/Unit       Place       Rank/       Period of stay       Period of       Ord         S       Office/Unit       Place       Rank/       Period of stay       Period of       Ord         S       Office/Unit       Place       Rank/       Period of stay       Period of       Ord         S       Office/Unit       Place       Rank/       Period of stay       Period of       Ord         S       Office/Unit       Place       Rank/       Designation       To       stay       I         L       I       I       I       Io       Io       Io       Io       Io         2       Io   |          |                            |                          |               |           |               |                 |                    |                |
| Office/Unit       Place       Rank/<br>Designation       Period of stay       Period of<br>stay       Order<br>of distay         1.       1       1       1       1       1       1         2.       1       1       1       1       1       1         3.       1       1       1       1       1       1         4.       1       1       1       1       1       1         5.       1       1       1       1       1       1       1         5.       1   | upto 3   | <b>31.03.2021</b> ) I have | been transferre          | :d            |           | _ ` ^         | -               |                    |                |
| N       Designation       From       To       stay       I         1.       Image: State of the state |          |                            |                          |               |           | <b>`</b>      | -               | ·                  |                |
| i.       i. <td< th=""><th></th><th>Office/Unit</th><th>Place</th><th></th><th></th><th>Period</th><th></th><th></th><th>Order No</th></td<>   |          | Office/Unit                | Place                    |               |           | Period        |                 |                    | Order No       |
| 2.   |          |                            |                          | Designation   | on        | From          | То              | stay               | Date.          |
| 3.   |          |                            |                          |               |           |               |                 |                    |                |
| 4.   |          |                            |                          |               |           |               |                 |                    |                |
| 5.   | 3.       |                            |                          |               |           |               |                 |                    |                |
| 5.   | 1.       |                            |                          |               |           |               |                 |                    |                |
| know that if the above mentioned information is found incorrect, my child will be disqualified for admission<br>Cendriya Vidyalaya.  Signature of the Parent  COUNTER SIGNATURE BY HEAD OF THE OFFICE  I   | 5.       |                            |                          |               |           |               |                 |                    |                |
| Signature of the Parent         COUNTER SIGNATURE BY HEAD OF THE OFFICE         I      (Name)      (rank/design  | 5.       |                            |                          |               |           |               |                 |                    | -              |
| Signature of the Parent         COUNTER SIGNATURE BY HEAD OF THE OFFICE         I  | know     | that if the above          | nentioned infor          | mation is for | and inc   | orrect, my cl | hild will be d  | isqualified for ac | lmission in    |
| I       (Name)       (rank/design  | Cendriy  | ya Vidyalaya.              |                          |               |           |               |                 |                    |                |
| I(Name) (rank/design<br>(unit/department) hereby certify that the particul<br>above have been authenticated by the records held in the office and found to be correct.   |          |                            |                          |               |           |               | Signature       | of the Parent      |                |
| (unit/department) hereby certify that the particul above have been authenticated by the records held in the office and found to be correct.  |          | <u>C</u> (                 | DUNTER SIG               | NATURE B      | Y HEA     | D OF THE      | <b>OFFICE</b>   |                    |                |
| above have been authenticated by the records held in the office and found to be correct.   | I        |                            | (Name) (rank/designation |               |           |               |                 |                    |                |
|  |          |                            | ·····                    |               | (uni      | it/departmen  | t) hereby c     | ertify that the    | particulars gi |
| Signature of the Head of the Office  | above h  | nave been authent          | icated by the re         | cords held in | the off   | ice and foun  | d to be corre   | ect.               |                |
| Signature of the fidua of the State  |          |                            |                          |               |           | Signatur      | e of the Head   | l of the Office    |                |
| Contact number of (With Name, Designation and office stamp)  | Contac   | ct number of               |                          |               | (W        | _             |                 |                    | np)            |
| he authority/office :  | he au    | thority/office : .         |                          |               | •         | ,             | -               |                    |                |

NOTE: STRIKE OUT WHICH ARE NOT APPLICABLE

Name: ..... Designation: .....

## CERTIFICATE FROM THE EMPLOYER

| (Regarding Status | of Employ | ment & | identif | ïcatio | on of A   | dmissio    | n Cat | tegory | v in KVS)   |      |
|-------------------|-----------|--------|---------|--------|-----------|------------|-------|--------|-------------|------|
| I Sri/Smt./Ms.    |           |        |         |        |           | (Name      | of    | the    | Employer)   | ,    |
| designation       |           |        |         | W      | orking    | in         | th    | e      | office      | of   |
|                   |           |        | depar   | tmento | of        |            |       |        | , governmen | t of |
|                   | do        | hereby | certify | the    | follow    | ing in     | respe | ect o  | f Sri/Smt./ | Ms.  |
|                   |           |        | (Na     | me     | of the    | Employ     | yee)  | whos   | e son/daug  | hter |
|                   |           |        | (Na     | me of  | f the Chi | ld) is see | eking | admiss | ion in Kend | riya |

| Vidya | alaya   |                  |
|-------|---|------------------|
| 01    | Name of the Child for whom admission is sought (in Block Letters)   |                  |
| 02    | Class in which admission is sought  |                  |
| 03    | Full name of the employee (in Block Letters)  |                  |
| 04    | Designation of the employee   |                  |
| 05    | Employee Code / Employee Identity No.   |                  |
| 06    | Name of the office where the employee is presently posted   |                  |
| 07    | Status of Employment (Whether Permanent/ Regular/ Temporary/Contractual/  |                  |
| 07    | Part Time/ Adhoc/Daily Wage Basis/Casual -To be written clearly)  |                  |
|       | This office/organization is Central Government/Central Government   |                  |
| 08    | Autonomous body/PSU fully or partially financed by Govt. of India/State   |                  |
| 08    | 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  |                  |
| 09    | 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    | <ol> <li>Children of transferable and non-transferable Central government<br/>employees and children of ex- servicemen. This will also include<br/>children of Foreign National officials, who come on deputation or<br/>transfer to India on invitation by Govt. of India.</li> <li>Children of transferable and non-transferable employees of<br/>Autonomous Bodies / Public Sector Undertaking/Institute of Higher<br/>Learning of the Government of India.</li> <li>Children of transferable and non-transferable State Government</li> </ol> |                  |
|       | employees.  |                  |
|       | <ol> <li>Children of transferable and non-transferable employees of<br/>Autonomous Bodies/ Public Sector Undertakings/Institute of Higher<br/>Learning of the State Governments.</li> <li>Children from any other category</li> </ol>   |                  |
|       |   | (i) Pay Level :  |
|       |   | (ii) Pay :       |
|       |   | (iii) DA :       |
| 11    | Recent Pay/Salary of the Employee with proper Split up  | (iv) HRA :       |
|       |   | (v) Any Other    |
|       |   | (vi) Any Other : |
|       |   | (vii) Total :    |
| 12    | Whether the employee is drawing the consolidated pay  | YES / NO         |

| Place: |  |
|--------|--|
| Date:  |  |

Signature of the Certifying Authority with Seal

Complete Address of the Office:

Telephone Number: \_