



केन्द्रीय विद्यालय डांगुवापोसी
KENDRIYA VIDYALAYA DANGOPOSI
पंजीकरण प्रपत्र/ REGISTRATION FORM

Passport Photo

S.NO-	REGNO-
शैक्षणिक वर्ष: Academic Year: 2021-22	पाली/Shifts - SHIFT-1 (MORNING)
कक्षा /ClassApplied-	

1. पहला नाम / FirstName	मध्य नाम Middle Name	अंतिम नाम/उपनाम Last Name/Surname	
2. लिंग Gender	3. सामान्य/अ.जा./अ.जजा/अ.पि.व General/SC/ST/OBC	4. दिव्यांग Differently Abled Write yes/no in box	Percentage of Disability

Attached copy of certificate if SC/ST/OBC		If YES Attached copy of certificate	
5. जन्म तिथि Date of Birth	जन्म तिथि (शब्दों में) Date of Birth (in words)		

Attached copy of birth certificate

Age as on 31-03-2021 Years _____ Months _____ Days _____

6. Religion		
7. BPL/EWS	YES/NO	Attached copy of certificate/BPL Card
8. रक्त समूह Blood Group	9. बच्चे का आधार संख्या यदि उपलब्ध है Aadhar No. of child(if available)	

10. Whether Single Girl child	YES/NO	If YES	Attached affidavit of class magistrate
-------------------------------	--------	--------	--

11. पारिवारिक विवरण FAMILY DETAILS

माता का विवरण MOTHERS DETAILS		पिता का विवरण FATHERS DETAILS	
पहला नाम First Name		First Name	
Last Name/Surname		Last Name/Surname	
Nationality		Nationality	
Occupation		Occupation	
12. घर का पता Residential Address of mother		घर का पता Residential Address of father	
HOUSE NO/Q.NO.		HOUSE NO/Q.NO.	
LANE NO/STREET NO/NAME		LANE NO/STREET NO/NAME	
POST OFFICE		POST OFFICE	
THANA/PS		THANA/PS	
DISTRICT		DISTRICT	
STATE		STATE	
PIN CODE		PIN CODE	
TEL NO.		TEL NO.	
MOBILE		MOBILE	

DON'T WRITE BELOW THIS LINE
ACKNOWLEDGEMENT

REGISTRATION NO _____

RECEIVED AN APPLICATION FORM MR/MRS _____ FOR ADMISSION OF

HIS/ HER SON/ DAUGHTER IN CLASS _____

SIGNATURE ON BEHALF OF KV DANGOPOSI

13. office address if mother is working		office address if father is working	
Address		Address	
POST OFFICE		POST OFFICE	
THANA/PS		THANA/PS	
DISTRICT		DISTRICT	
STATE		STATE	
PIN CODE		PIN CODE	
TEL NO./ MOB		TEL NO./ MOB	
14. Category to which the Parent belong to – Defence/Central Govt/State govt./Autonomous body/public sector/others etc.			

SERVICE CERTIFICATE

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

स्थानांतरण विवरण TRANSFERDETAILS

31/03/2021 तक पिछले 7 वर्ष में स्थानांतरण की संख्या: _____
As on date 31/03/2021 the no. of transfers in the last 7 years' _____

संख्या S.No.	स्थान से Place from*	स्थान तक Place To*	अवधि दिनांक से Duration From*	अवधि दिनांक तक Duration To	दूरी (किमी) Distance (Km)*	स्थानांतरण आदेश संख्या एवं तारीख Transfer Order No.*
1						
2						
3						
4						
5						
6						
7						

• स्थान एवं दिनांक

PlacewithDate

कार्यालय अध्यक्ष का नाम, पद और हस्ताक्षर (कार्यालय की मोहर सहित)

Sign & Name in block letters and design of the head of office with stamp

दूरभाष: Telephone No.

अभिभावकों द्वारा वचनबंध

Undertaking by the parents

मैं प्रमाणित करता हूँ कि मेरे द्वारा दी गई जानकारी सही है।

I certify that all the information provided is true to the best of my knowledge.

मैं इस शर्त से सहमत हूँ कि उपरोक्त तथ्य यदि गलत पाये जाते हैं, तो मेरा बच्चा/बच्चे केन्द्रीय विद्यालय में प्रवेश हेतु अयोग्य होगा / होंगे।

I agree to the condition that, if the above mentioned facts are found to be incorrect, my child will be disqualified for admission in Kendriya Vidyalaya.

Signature of the parent _____

Name of the parent _____

NOTE

1. MERE REGISTRATION DOESNOT CONFER THE RIGHT OF ADMISSION

2. PLEASE CHECK THE SCHOOL WEBSITE FOR OTHER DETAILS(<https://serdangoaposi.kvs.ac.in>)