



केन्द्रीय विद्यालय संगठन

केन्द्रीय विद्यालय भा. नौ. पो. चिल्का

KENDRIYA VIDYALAYA INS CHILKA

Date: 30/07/2022

**Admission Notice for Non-KV Students (For Class-XI,
Commerce Stream only, 2022-23**

Applications are invited from Non-KV Students for fresh admissions to fill in the vacant seats in Commerce Stream only of Class-XI in Kendriya Vidyalaya INS Chilka. Admissions shall be governed by the KVS Admission Guidelines. Eligible candidates may apply for admission in the aforementioned Stream/Class and submit their applications between 01.08.2022 to 05.08.2022 with copies of all documents (Marksheet, Caste Certificate, Residence Certificate, Service Certificate, Option Form, Registration Form etc.) in K.V INS Chilka. No other modes of communication shall be accepted.

Application forms are available on the Vidyalaya Website <https://inschilka.kvs.ac.in>.

Please refer to the KVS Admission Guidelines for further information. Candidates may also call on the Help Desk numbers for clarifications, if any, as per the schedule provided on the Vidyalaya Website.


30.07.2022

Admission I/C



प्रधानाचार्य
केन्द्रीय विद्यालय / Kendriya Vidyalaya
भा.नौ.पो. चिल्का (ओडिशा) / INS CHILKA
PIN-752037 (Odisha)

KENDRIYA VIDYALAYA :INS CHILKA,DIST:KHURDA(ODISHA)-752037**APPLICATION FORM FOR SEEKING ADMISSION INTO CLASS-XI****(SCIENCE// COMMERCE STREAM) FOR THE SESSION 2022-23**

| |
|---|
| Affix recent pass port size Photograph |
|---|

| | | |
|-----|--|-------------------------------|
| 1. | Name of the students | |
| 2. | Father's Name | |
| 3. | Mother's Name | |
| 4. | Name of the School where last studied(Class-X) section | |
| 5. | Stream in which admission is sought | Science/Commerce(Please tick) |
| 6. | Subjects to be offered | Group A / B / C / D |
| 7. | Occupation of parent(category) Defense/Central Govt./Ex. Service man/State Govt./Autonomous body/Public Sector U.T private Sector /Self employment /Others | |
| 8. | Office address of the parents, if applicable with Tel.No | |
| 9. | Residential Address of parent with Tel. No | |
| 10. | Total marks secured /Overall percentage (in main five subject) | |
| 11. | Marks obtained in Maths | |
| 12. | Marks obtained in Science | |
| 13. | Total marks secured in Science & Maths together | |
| 14. | Category-Gen/SC/ST/OBC/BPL/Single girl child | |
| 15. | Certificate in NCC/SCOUT/GUIDE/SGFI | |
| 16. | Mathematics Basic / Standard | |

Subject to be offered by the students (Please write in Column No.6 mentioned priority group as (1),(2),(3)...regarding.

| Group-A | Group-B | Group-C | Group-D |
|---|---------------|--------------|------------------|
| English Core | English Core | English Core | English Core |
| Physics | Physics | Physics | Hindi/Maths/IP |
| Chemistry | Chemistry | Chemistry | Accountancy |
| Biology | Mathematics | Biology | Business Studies |
| Mathematics | Comp. Science | Hindi | Economics |
| <i>*Physical Education is an additional subject for all</i> | | | |

(Note: - Photocopy of marks of class-X must be attached)

Signature of the Parents
With date

Signature of the student
With date

FOR OFFICE USE ONLY

Sl.No. _____ Category _____ Stream _____

Principal



केन्द्रीय विद्यालय _____, सम्भाग _____

Kendriya Vidyalaya _____, Region _____

पंजीकरण प्रपत्र/Registration Form

Paste latest
Photograph of
ChildClass : Reg. No. :

1. विद्यार्थी का पूरा नाम (स्पष्ट शब्दों में)

Name of the Child in full (in Capital letters):

लिंग / Sex : पुरुष / Male स्त्री / Female तृतीय लिंग / Third Gender

2. जन्म तिथि (अंकों में) / Date of Birth (in figure) : दिन / Day मास / Month वर्ष / Year

शब्दों में / In words :

3. 31.03.2022 तक आयु/ Age as on 31.03.2022 वर्ष / Year मास / Month दिन / Day

 4. बच्चे का रक्त समूह (Rh फैक्टर सहित) / Blood Group of the Child (With Rh Factor) :

5. बच्चे की सम्बंधित श्रेणी General SC ST OBC-CL OBC-NCL EWS BPL Diff. Abled SG Child (Attach Certificate*)

Category to which child belong:

6. आधार कार्ड नंबर/Aadhar Card Number:

7. माता पिता का विवरण/Details of Mother& Father:

| क्र.सं. S.No. | | माता/Mother | पिता / Father |
|---------------|--|-------------|---------------|
| (i) | नाम (स्पष्ट शब्दों में)/ Name (In Capital Letter) | | |
| (ii) | राष्ट्रीयता (Nationality) | | |
| (iii) | व्यवसाय (Occupation) | | |
| (iv) | कार्यालय का नाम, पूरा पता व दूरभाष / Name of the Office, Full Address & Telephone Number. | | |
| (v) | पूर्ण आवासीय पता व दूरभाष (प्रमाण सहित)/ Full Residential Address & Telephone No. (With Proof) | | |
| (vi) | विद्यालय से दूरी (कि.मी. में)/Distance from KV in KM. | | |
| (vii) | मूल वेतन / Basic Pay | | |
| (viii) | पिछले 7 वर्षों में स्थानान्तरण की संख्या/ No of Transfers in last 7 years (As on 31/03/2021) | | |
| (ix) | माता-पिता की सेवा श्रेणी/ Service Category of Parent | | |
| (x) | कर्मचारी कोड (यदि है तो) / Emp. Code (If Any) | | |
| (xi) | E-Mail Id: | | |

- I certify that the above entries are true to the best of my knowledge.

दिनांक/Date:

अभिभावक के हस्ताक्षर/Signature of Guardian

सेवा प्रमाण-पत्र/SERVICE CERTIFICATE

(केन्द्रीय सरकार/Central Govt.)

प्रमाणित किया जाता है कि श्री/श्रीमती-----, पद-----

कार्यालय/मंत्रालय में नियमित कर्मचारी के रूप में कार्यरत है। वे रक्षा सेवा/ केन्द्रीय रिजर्व पुलिस बल/एस.एस.बी./ असम राइफल्स /आई.टी.बी.पी./सीमा सुरक्षा बल/एन.एस.जी./एस.पी.जी./सी.आई.एस.एफ./केन्द्रीय सरकार स्वायत्त सस्था अथवा सार्वजनिक क्षेत्र के उपक्रम जो पूर्ण या आंशिक रूप से केंद्र सरकार से वित्त-पोषित है, के नियमित कर्मचारी हैं तथा उनकी सेवा अस्थानांतरणीय है/पूर्ण भारत में कहीं भी स्थानांतरणीय है।

Certified that Shri/Smt.....Designation.....is working as regular employee in the office/Ministry of He/She is a regular employee of Defence Service /ITBP/ CRPF/BSF/NSG/SPG/CISF/SSB/Assam Rifles/Central Govt./Autonomous Body/Public Sector Undertaking fully financed /partially financed by Central Govt. and his/her services are non-transferable/transferable anywhere in india

कार्यालय अध्यक्ष के हस्ताक्षर

(नाम, पद और कार्यालय की मोहर सहित)

Signature of Head of the Office

(With Name, Designation and Office Stamp)

स्थान/Place _____

दिनांक/Date _____

कार्यालय का पूर्ण पता एवं दूरभाष संख्या _____

Complete address and Telephone No. of office _____

सेवा प्रमाण-पत्र/SERVICE CERTIFICATE

(राज्य-सरकार/State Govt.)

प्रमाणित किया जाता है कि श्री/श्रीमती-----, -----
-----कार्यालय/मंत्रालय में नियमित कर्मचारी के रूप में कार्यरत है। तथा उनकी सेवा अस्थानांतरणीय है/पूर्ण राज्य में कहीं भी स्थानांतरणीय है।

Certified that Shri/Smt..... is permanently working in the office/Ministry of and his/her services are non-transferable/transferable anywhere in State.

कार्यालय अध्यक्ष के हस्ताक्षर

(नाम, पद और कार्यालय की मोहर सहित)

Signature of Head of the Office

(With Name, Designation and Office Stamp)

स्थान/Place _____

दिनांक/Date _____

कार्यालय का पूर्ण पता एवं दूरभाष संख्या _____

Complete address and Telephone No. of office _____

स्थानांतरण संख्या प्रमाण-पत्र/CERTIFICATE OF NUMBER OF TRANSFERS

मैं, _____ (नाम) _____ (रैंक/पदनाम) _____ (कार्यालय),
 एतद द्वारा प्रमाणित करता/करती हूँ पिछले सात साल (31.03.202_ तक) मैं एक स्थान से दूसरे स्थान पर मेरे
 _____ (अंको व शब्दों में) स्थानांतरण हुए जिनका विवरण नीचे दिया गया है-

I, _____ (Name) _____ (rank/ designation) of _____ (office), do
 hereby certify that during the past 7 years (up to 31.03.202_ I have been transferred _____
 times (in figures & in words) from one station to another, the details of which are given as under :-

| क्र. स. S. No. | कार्यालय/ यूनिट Office/Unit | स्थान Place | रैंक/पदनाम Rank/Designation | दिनांक/Date | | ठहरने की अवधि Period of stay | आदेश संख्या Order No. |
|-------------------|--------------------------------|----------------|--------------------------------|-------------|-------|---------------------------------|--------------------------|
| | | | | से/ From | तक/To | | |
| 1. | | | | | | | |
| 2. | | | | | | | |
| 3. | | | | | | | |
| 4. | | | | | | | |
| 5. | | | | | | | |
| 6. | | | | | | | |
| 7. | | | | | | | |

मैं जानता/जानती हूँ कि यदि उपरोक्त तथ्य गलत पाए गए तो मेरा बच्चा केन्द्रीय विद्यालय में प्रवेश के लिए
 अयोग्य हो जाएगा। I know that if the above-mentioned facts are found incorrect, my child will be disqualified for
 admission in Kendriya Vidyalaya.

माता/पिता के हस्ताक्षर
 Signature of Parent

प्रतिहस्ताक्षर/Countersignature

मैं, _____ (नाम) _____ (रैंक/पदनाम) _____
 (कार्यालय), एतद द्वारा प्रमाणित करता हूँ कि उपरोक्त विवरण को कार्यालय-आलेखों से जाँच लिया गया है व सही
 पाया गया है।

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

स्थान/Place _____

दिनांक/Date _____

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

Signature of Head of the Office

(With Name, Designation and Office Stamp)

कार्यालय का पूर्ण पता एवं दूरभाष संख्या _____

Complete address and Telephone No. of office _____

टिपणी/Note-

एक स्थान पर ठहरने की अवधि कम से कम छह मास होनी चाहिए।

Period of posting/stay at a place should be minimum six months.

सेवा-कालीन मृत्यु प्रमाण-पत्र / DIED IN HARNESS CERTIFICATE
(केवल केन्द्रीय सरकार के कर्मचारियों के लिए/Only for Central Govt. Employees)

प्रमाणित किया जाता है कि कुमार/कुमारी ----- स्वर्गीय श्री/श्रीमती -----के पुत्र/पुत्री हैं जो ----- (कार्यालय/विभाग) में नियमित रूप से सेवारत थे/थीं और उनका देहावसान सेवाकाल की अवधि में दिनांक -----को हो गया था।

Certified that Master/Miss _____ is the son/daughter of Late Sh./Smt. _____ who was regular employee of _____ (Office/Department) and he/she died in harness (while in service) on _____ (date).

स्थान/Place _____
दिनांक/Date _____

कार्यालय अध्यक्ष के हस्ताक्षर
(नाम, पद और कार्यालय की मोहर सहित)
Signature of Head of the Office
(With Name, Designation and Office Stamp)

कार्यालय का पूर्ण पता एवं दूरभाष संख्या _____
Complete address and Telephone No. of office _____

**SERVICE CERTIFICATE
(STATE GOVERNMENT)**

Certified that Sri/Smt. _____ is working as a regular/permanent/temporary/contractual/part time/casual employee in the capacity of _____ in this office /Ministry /under the Ministry of _____ government of _____. He/She is an employee of State Govt. / State Govt. Autonomous body/State Govt. PSU fully financed by the State Govt./partially financed by the state Govt. His/her services are non-transferable / transferable anywhere in _____.

Complete Address and telephone No. of the Office

Place: _____
Date: _____

Signature of Head of the Office
(with Name, Designation and Office Stamp)

CERTIFICATE OF NUMBER OF TRANSFERS

I _____ (Name) _____ (rank /designation) of _____ (Name of the Office), do hereby certify that during the past 7 years (Up to 31.03.2019) I have been transferred _____ times (In figures & in words) from one station to another. ***(If the distance between the previous place and the present place of posting is at least 20 kms and the minimum period of stay is six months then only it will be considered as a transfer)***. The details of the transfers are given as under:

| Office/Unit and Place | Date of Joining the Office/Unit | Date of Release from the Office/Unit | Period of stay(in days) | Transferred Office/Unit and Place | Distance between the Two Office (in km) | Transfer Order No. |
|-----------------------|---------------------------------|--------------------------------------|-------------------------|-----------------------------------|---|--------------------|
| | | | | | | |
| | | | | | | |
| | | | | | | |
| | | | | | | |
| | | | | | | |

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

Signature of the Parent

COUNTER SIGNATURE

I, _____ (Name) _____ (Rank/Designation) of _____ (Name of the Office/Unit/Department) hereby certify that the particulars given in above have been authenticated by the records held in the office and found correct.

Place: _____
Date: _____

Signature of Head of the Office
(with Name, Designation and Office Stamp)

CERTIFICATE FROM THE DDO/COMPETENT AUTHORITY

I Sri/Smt./Ms. _____ (Name of the Employer/DDO) ,
designation _____ working in the office of
_____ department of _____ ,
government of _____ do hereby certify the following in respect of
Sri/Smt./Ms. _____ (Name of the Employee) whose
son/daughter _____ (Name of the Child) is seeking
admission in Kendriya Vidyalaya INS CHILKA .

| | | |
|----|--|--|
| 01 | Name of the Child to be admitted (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 | Whether Permanent/Regular/Temporary/Contractual/ Part Time/ Adhoc/Daily Wage Basis/Casual (Should be written clearly) | |
| 08 | This office/organization is Central Government/Central Government Autonomous body/PSU fully or partially financed by Govt. of India/State Government/ State Government Autonomous Body/ PSU fully or partially finance by the state govt. (Should be written clearly) | |
| 09 | Recent Pay/Salary of the Employee with proper Split up | (i) Basic Pay : _____ (ii) Grade Pay / Level : _____ (iii) DA : _____ (iv) HRA : _____ (v) Any Other _____ (vi) Any Other : _____ |
| 10 | Whether the employee is drawing the consolidated pay | YES / NO |

Place: _____

Date: _____

Signature of the Certifying Authority with Seal

Office Seal

Complete Address of the Office:

Telephone Number: _____