

केन्द्रीय विद्यालय भा. नौ. पो. चिल्का KENDRIYA VIDYALAYA INS CHILKA

Date: 13/08/2021

Admission Notice for Non-KV Students (For Class-XI, Commerce Stream only, 2021-22

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 and Class by sending their applications between 13.08.2021 to 18.08.2021 with copies of all documents (Marksheet, Caste Certificate, Residence Certificate, Service Certificate, Option Form, Registration Form etc.) (PDF format only) to the email- kychilkappl@gmail.com. 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.

Admission I/C

Princinal

प्राचार्य / Principal केन्द्रीय विद्यालय / Kendriya Vidyalava भा.नी.पो. चिल्का (ओदिशा) / INS CH PIN-752037 (Odisha)

208.202

KENDRIYA VIDYALAYA :INS CHILKA,DIST:KHURDA(ODISHA)-752037

APPLICATION FORM FOR SEEKING ADMISSION INTO CLASS-XI

(SCIENCE// COMMERCE STREAM) FOR THE SESSION 2021-22

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	
Subject to	be offered by the students (Please write in Column N	lo.6 mentioned priority group as
•	regarding.	8- only 40
\ - /9\ - /9\(\-/	······ vga: viiig•	

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		
*Physical Education is an additional subject for all					

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

Signature of the Parents With date				Signature of the studen with date
	vien duce	FOR OFFICE USE ONLY		
	Sl.No	Category	Stream	

	केन्द्रीय विद्यालय	, સમ્રાગ		
到	Kendriya Vidyalaya	, Region		Paste latest
केन्द्रीय विद्याल	य संगठन	पंजीकरण प्रपत्र/Registration Form	-	Photograph of
Class :	Reg. No. :			Child
विदयार्थी का	पूरा नाम (स्पष्ट शब्दों में)		, L	
•	••):		••••
		, त्री / Female तृतीय लिं		
	(अंकों में) / Date of Birth (in f	O	Month 5	াৰ্থ / Year
		02 <u>1</u> वर्षे / Year मास / Mon		
		Blood Group of the Child (With Rh Fa		
tegory to whic	न्बंधित श्रेणी General SC ch child belong:			G Child (Attach Certificate
ति है।क रा१शा	वर/Aadhar Card Number		•••••	••••
माता पिता	का विवरण/Details of Mother	& Father:		
क्र.सं. S.No.		माता/Mother	पिता / Fa	ther
(i)	नाम (स्पष्ट शब्दों में)/			
(ii)	Name (In Capital Letter)			
(iii)	राष्ट्रीयता (Nationality) 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 ७ वर्षों में स्थानान्तरण की संख्या/ No of Transfers in last ७ years			
	(As on 31/03/2020') माता-पिता की सेवा श्रेणी/			
(ix)	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 प्रमाणपत्र / Service Certificate

(केन्द्रीय सरकार / Central Govt.)

प्रमाणित है कि श्री / श्रीमती कार्यालय / म नियमित कर्मचारी के रूप में कार्यरत हैं। वे रक्षा सेवा / केंद्रीय रिज़र्व पुलिस बल / सीमा सुरक्षा बल / र एस.पी.जी / सी.आई.एस.एफ. / केंद्रीय सरकार स्वायित संस्था अथवा सार्वजनिक क्षेत्र के उपक्रम, जे आंशिक रूप से केंद्र सरकार से वित-पोषित हैं , के नियमित कर्मचारी हैं तथा उनकी सेवा अस्थानांतर भारत में कहीं भी स्थानांतरणीय है।	एन.एस.जी. / ो पूर्ण या
Certified that Shri/Smt	ral Govt. /
कार्यालय अध्यक्ष (नाम, पद और कार्यालय की Signature of head o (With Name, Designation and Of	मोहर सहित) of the Office
स्थान/Place दिनांक/Date कार्यालय का पूर्ण पता औरदूरभाष संख्या/ Complete address and Telephone No. of office	

Service Certificate

(राज्य सरकार / State Govt.)

प्रमाणित है कि श्री / श्रीमती	कार्यालय / मंत्रालय में
नियमित कर्मचारी के रूप में कार्यरत हैं तथा उनकी सेवा 3 स्थानांतरणीय है।	तस्थानातरणाय ह <i>ा</i> पूर्ण राज्य म कहा मा
Certified that Shri/Smtthe Office / Ministry ofnon-transferable / transferable anywhere in State.	and his / her services are
	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 औरदूरभाष संख्या/ Complete add	dress and Telephone No. of office

स्थानांतरण संख्या प्रमाण पत्र / CERTIFICATE OF NUMBER OF TRANSFERS

मैं, द्वारा प्रमाणित	नाम . करता / करती । (अंकों व शब	ूँ पिछले सात दों में) स्थानांतर	(रैंक / पदनाम साल(31/3/202 ण हुए जिनका	न) 1) में एक स्थाब विवरण नीचे दि	(क न से दूसरे स्थान या गया है ।	ार्यालय), एतद 1 पर मेरे	
hereby certify tha	at during the pas	(Name) t 7 years (up to 3 n one station to a	1.03.2021) I hav	e been transferre	ed	(office), d	
स्थान से / Office /Unit and Place	अवधि दिनांक से / Date of joining the Office/Unit	अवधि दिनांक तक / Date of release from the Office/Unit	ठहरने की अवधि / Period of Stay (in months)	स्थान तक / Transferre d Office / Unit and Place	द्री (किमी)/ Distance between the two Office (in km)	स्थानांतरण आदेश संख्या / Transfer Order No.	
मैं जनता /जानती हूँ कि यदि उपरोक्त तथ्य गलत पाए गए तो मेरा बच्चा केंद्रीय विद्यालय में प्रवेश के लिए अयोग्य हो जायेगा। I know that if the above mentioned facts are found incorrect, my child will be disqualified for admission in Kendriya Vidyalaya.							
स्थान/ Placeमाता /पिता के हस्ताक्षर दिनांक/ Date							

प्रतिहस्ताक्षर / Countersignature

में,	नाम		(रैंक / पदनाम) .		. (कार्यालय), एतद
द्वारा प्रमाणि सही पाया गय	ोत करता / करती हृं	्रँ कि उपरोक्त	न विषय विवरण के	ो कार्यालय-आलेखों से ज	ांच लिया गया है व
		nit/ department)	hereby certify that th	(ra e particulars given in abo	
	e		(with	सक्षम अधिक (नाम, पद और कार्याल Signature of Comp n Name, Designation	etent Authority
टिप्पणी / N एक स्थान प		थे कम से कम	छह मास होनी चाहि	इं ए ।	

1. Minimum period of posting / stay at a place should be minimum six months.

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
	=			
			1	of Sri/Smt./Ms.
	(Name of the			
idvs	(Name of the Chi	iid) is see	king admis	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			
)	 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)	Pay I a	vel :
		(ii)	_	vci
		(iii)	-	
1	Recent Pay/Salary of the Employee with proper Split up	(iv)		
	Annual Annual London States of the Man	(v)		her
		(vi)	-	her :
		(vii)	Total :	
2	Whether the employee is drawing the consolidated pay			YES / NO
	·			
ate: .				

Complete Address of the Office:

Telephone Number: _

<u>ANNEXURE – I</u> <u>Self-Declaration Format</u>

I, Father/Mor	ther of Master/Miss
age years, resident of	(complete address)
do hereby declare that the information given	admission form of the admission in Kendriya Vidyalaya
and in the enclosed documents	s is true to the best of my knowledge and belief and nothing
has been concealed therein. I am well aware of the	e fact that if the information given by me is proved false / no
true at any point of time, admission has be dimm	ned cancelled and will liable to punishment as per guidelines
of KVS and the benefit accrued by me or my ward	d shall be summarily cancelled.
Date:-	
Place:-	Signature of the Parent/Guardian