



केन्द्रीय विद्यालय, कोल्लम

KENDRIYA VIDYALAYA, KOLLAM

पंजीकरणसंख्या/Regd. No.

सत्र/Session 2020-21

बच्चेकाफोटो
(पासपोर्टसाइजका)
Photograph of the
child
(Passport size)

क्र. स. /S.No.

पंजीकरणकेलिएकक्षा/Registration for class:

1. विद्यार्थीकापूरानाम (स्पष्टशब्दोंमें)

Name of the child in full (in Capital letters).....

लिंग/Sex - पुरुष /Male स्त्री/Female तृतीयलिंग/Third Gender

2. जन्म-तिथि(अंकोंमें) /Date of Birth (in figure) दिन/Day मास/Month वर्ष/Year

शब्दोंमें/In words.....

31.03.2020 तकआयु / Age as on 31.03.2020 वर्ष /Year मास/Month दिन/Day

3. बच्चेकारक्तसमूह (Rh फेक्टरसहित) /

Blood Group of the child (with Rh factor)

4. बच्चेकीसंबन्धितश्रेणी/The category to which child belong

General	SC	ST	OBC	EWS	BPL	Diff. Abled	S.G. Child
सामान्यअनु.	जातिअनु.	जनजाति	ओ.बी.सी	अर्थिकरूपसेकमज़ोरवर्ग	बी.पी.एल	अन्यरूपसेसक्षम	इकलौतीकन्या
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

यदिबच्चाअनुसूचितजाति/ अनुसूचितजनजाति / ओ.बी.सी (अन्यपिछड़ेवर्ग)/आर्थिकरूपसेकमज़ोर/ बी.पी.एल/ विकलांग / इकलौतीकन्याश्रेणीसेसंबन्धितहैतोकृपयासंबन्धितप्रमाण-पत्रसंलग्नकरे।

If the child belongs to SC/ST/OBC/EWS/BPL/Disabled/S.G. Category, then please attach relevant certificate.

5. माता-पिताकाविवरण/Details of Mother/ Father-

Sl.No. क्र. स.	विवरण/Details	माता /Mother	पिता /Father
(i)	नाम(स्पष्टशब्दोंमें) Name (in Capital letters)		
(ii)	राष्ट्रीयता Nationality		
(iii)	व्यवसाय Occupation		
(iv)	कार्यलयकानाम, पूरापतावदूरभाष Name of Office and full address and Telephone number		
(v)	पूर्णआवासीयपतावदूरभाष (प्रमाणसहित) Full residential address and Tel. no. (with proof)		
(vi)	विद्यालयसेदूरी (कि.मी.में) Distance from KV(in km) *		
(vii)	मूलवेतन Basic Pay		
(viii)	स्थानान्तरणोंकीसंख्या No. of Transfers**		
(ix)	माता -पिताकीश्रेणी Category of the Parent #		
(x)	कर्मचारीकोड (यदिहैतो) Employee Code (if any)		

विद्यालयसेआवसकीदूरी।दूरीकेलिएमाता-पिता/अभिभावककाशपथ-पत्रमान्यहै।आवासप्रमाण-पत्रदेनाआवाश्यकहै।

- * Distance of the Residence from Vidyalaya. Undertaking from parents is acceptable for distance. Proof of Residence is compulsory.
- **31.03.2020 तकपिछलेसातवर्षमेंस्थानान्तरणोंकीसंख्या/** No. of transfers during last 7 years as on 31.03.2020.
- # 1.केन्द्रीयसरकार/ Central Govt. 2. केन्द्रीयसरकारकेस्वायतसंस्थान /Autonomous bodies of Central Govt. 3. राज्यसरकार/State Govt. 4.राज्यसरकारकेस्वायतसंस्थान/ Autonomous bodies of State Govt. 5.अन्य/ Others

मैंएतदद्वारायहप्रमाणितकरता/करतीहूँकिउपर्युक्तप्रविष्टियाँमेरीजानकारीमेंसत्यहैं।

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

माता/पिता/अभिभावककेहस्ताक्षर

Signature of the Mother/ Father/ Guardian

दिनांक/Date.....

पूरानाम/ Full Name.....

सेवाप्रमाण-पत्र/SERVICE CERTIFICATE

(केन्द्रीयसरकार/Central Govt.)

प्रमाणितकियाजाताहैकिश्री/ श्रीमती.....
कार्यालय/मंत्रालयमेंनियमितकर्मचारीकेरूपमेंकार्यरतहै।वेरक्षासेवा/केन्द्रीयरिजर्वपुलिसबल/सीमा सुरक्षा बल/एन.एस. जी/एस.पि.जि/सि.आइ.एस.एफ/ केन्द्रीय सरकार स्वायत्त संस्था अथवा सार्वजनिकक्षेत्र के उपक्रम जो पूर्ण याआंशिक रूप से केन्द्र सरकार से वित्त-पोषित है, के नियमित कर्मचारीहै तथा उनकी सेवा अस्थानांतरणीय है / पूर्णभारत में कहीं भी स्थानांतरणीय है ।

Certified that Shri/Smt..... is working as regular employee in the office/ Ministry of He/She is a regular employee of Defense 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 non-transferable/ transferable anywhere in India.

कार्यालय अध्यक्ष के हस्ताक्षर

(नाम,पदऔर कार्यालय की मोहर सहित)

स्थान /Place:

Signature of Head of the Office

दिनांक/Date:

(With Name, Designation and office Stamp)

कार्यालय कापूर्ण पता एवं दूरभाषा संख्या

Complete address and Telephone No. of Office

सेवा प्रमाण पत्र /SERVICE CERTIFICATE

(राज्य-सरकार /State Govt.)

प्रमाणितकियाजाताहैकिश्री/ श्रीमती.....,

कार्यालय/मंत्रालयमेंनियमितकर्मचारीकेरूपमेंकार्यरतहै।तथा उनकी सेवा अस्थानांतरणीय है/पूर्णराज्यमें कहीं भी स्थानांतरणीय है ।

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

कार्यालय अध्यक्ष के हस्ताक्षरनाम,पद और कार्यालय की मोहर सहित)

स्थान /Place:

Signature of Head of the Office

दिनांक /Date:

(With Name, Designation and office Stamp)

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 पिछलेसात साल (31.03.2020 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
 31.03.2020) I have been transferred _____ times (in figure & in words) from one station to another,
 the details of which are given as under:-

क्र.स. S.No	कार्यालय/यूनिट Office/Unit	स्थानPlace(From -To)	रैंक/पदनाम Rank/Designati on	दिनांक /Date		ठहरने की अवधि Period of Stay	आदेश संख्या Order No.
				से/From	तक/To		

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

माता / पिता के हस्ताक्षर
 Signature of the Parent

प्रतिहस्ताक्षर/Countersignature

में (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 above have been
authenticated by the records held in the office and found correct.

कार्यालय अध्यक्ष के हस्ताक्षर

(नाम, पद और कार्यालय की मोहर सहित)

स्थान /Place:

Signature of Head of the Office

दिनांक /Date:

(With Name, Designation and office Stamp)

कार्यालय का पूर्ण पता एवं दूरभाष संख्या

Complete address and Telephone No. of Office

टिप्पणी/Note: एक स्थान पर ठहरने की अवधि कम से

कम छह मास होनी चाहिए। Minimum period of posting/stay at a place should be minimum six months.

सेवाकालीन मृत्यु प्रमाण-पत्र/DIED IN HARNESS CERTIFICATE

(केवल केन्द्रीय सरकार के कर्मचारियों के लिए)

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

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

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

स्थान /Place:

Signature of Head of the Office

दिनांक /Date:

(With Name, Designation and office Stamp)

कार्यालय का पूर्ण पता एवं दूरभाष संख्या

Complete address and Telephone No. of Office

केन्द्रीय विद्यालय, कोल्लम ६९१००३

KENDRIYA VIDYALAYA KOLLAM 691003

OPTION FORM FOR ADMISSION TO CLASS XI FOR THE SESSION 2020-21

1	Name of the Candidate	
2	Date of Birth (DD/MM/YYYY)	
3	Male/Female	
4	Name of Father	
5	Name of Mother	
6	Residential address with Phone Number	
7	Official Address with Phone Number	
8	Name of the School Last attended	
9	Name of the Board (CBSE/ICSE/STATE BOARDS etc.)	
10	Whether SC/ST/OBC/GEN	
11	Whether Only Child (YES/NO)	

12. Marks obtained in the Qualifying Examination (Attach self attested copy of Class X Mark List)

Name of Exam	Year of Passing	Subjects	Mark	Grade	Percentage of Marks
		1.English			
		2.Hindi/Sanskrit			
		3. Maths			
		4. Science			
		5. Soc. Studies			
		6.			
		7.			
		8.			
		9.			
		10			
		Total Mark			

Achievements in the field of Scouts/Guides/ Sports/Arts/Adventure/NCC/NSS (if any). Attach self attested copy of certificate					
Stream applied for (put tick mark)				Science / Commerce / Both	
Optional Subjects (Write first, second, third etc in the last column)					
SUBJECT COMBINATIONS					
SCIENCE STREAM					
ENGLISH	MATHS	PHYSICS	CHEMISTRY	BIOLOGY	
ENGLISH	HINDI	PHYSICS	CHEMISTRY	BIOLOGY	
ENGLISH	SANSKRIT	PHYSICS	CHEMISTRY	BIOLOGY	
ENGLISH	MATHS	PHYSICS	CHEMISTRY	COMPUTER SCIENCE	
COMMERCE STREAM					
ENGLISH	MATHS	ACCOUNTANCY	BUSINESS STUDIES	ECONOMICS	
ENGLISH	APPLIED MATHS	ACCOUNTANCY	BUSINESS STUDIES	ECONOMICS	
ENGLISH	HINDI	ACCOUNTANCY	BUSINESS STUDIES	ECONOMICS	
ENGLISH	SANSKRIT	ACCOUNTANCY	BUSINESS STUDIES	ECONOMICS	
ENGLISH	INFORMATICS PRACTICES	ACCOUNTANCY	BUSINESS STUDIES	ECONOMICS	

SIGNATURE OF:

- (a) FATHER -
- (b) MOTHER -
- (c) CANDIDATE -

UNDERTAKING BY THE PARENT

I hereby undertake that:

- (a) I shall ensure that my ward will abide by the code of conduct of KVS
- (b) My ward will be punctual and will carry student's diary everyday.
- (c) He/She will attend the Vidyalaya in proper school uniform.
- (d) I will provide learning devices required for the online classes to my ward.
- (e) Any change in the mobile number and/or address will be intimated to the school authorities.
- (f) I will make sure to attend all the PTA meetings as per the schedule provided by the Vidyalaya.

Signature of the Candidate

Signature of the Parent

Date:

Mobile Number

FOR OFFICE USE ONLY

Admission granted to class.....(Stream.....)

Checked by

PRINCIPAL

Admission In-charge

INSTRUCTIONS

1. Fill the registration form with correct details. Scan it properly and send it to the mail id - admissionkvkollam@gmail.com

2. Documents to be attached along with application form
 - i) Copy of Birth certificate
 - ii) Copy of Residential certificate
 - iii) Copy of Aadhar card
 - iv) Copy of the certificate that child belongs to SC/ST/EWS/OBC (Non-creamy layer)/ BPL, wherever applicable.
 - v) Affidavit in respect of single Girl child (if applicable).
 - vi) A certificate for civil surgeon/rehabilitation centre or any other competent authority clarifying the child is differently abled, wherever applicable.
 - vii) Copy of CBSE mark list (class X) obtained from digilocker for admission to class XI.

PRINCIPAL