



Kendriya Vidyalaya DVC Bokaro Thermal, Ranchi Region
केंद्रीय विद्यालय दा. घा. नि. बोकारो थर्मल राँची सम्भाग



पंजीकरण प्रपत्र - सत्र - 2024-25 (कक्षा बालवाटिका - III)

Registration Form for Session – 2024-25 (Class – Balvatika - III)

Class:

Registration Number:

Photograph

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. जन्मतिथि (अंकों में) / Date of Birth (In Figure)-DDMMYYYY
(Attach DOB Certificate*)

शब्दों में/In words:

3. 31.03.2024 तक आयु/Age as on 31.03.2024: वर्ष/Year मास/ Month दिन/Days

4. बच्चे का रक्त समूह (RH फैक्टर सहित)/Blood Group of the Child (With RH factor)

5. बच्चे की सम्बंधित श्रेणी
Category to which child belong (Attach Certificate*)

General	SC	ST	OBC-CL	OBC-NCL	EWS	BPL	Diff. Abled

6. बच्चे का आधार कार्ड नंबर / Aadhar Card Number of the Child: _____

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

SL.		Mother	Father
(i)	नाम (स्पष्ट शब्दों में) Name (In Capital Letters)		
(ii)	राष्ट्रीयता /Nationality		
(iii)	व्यवसाय /Occupation		
(iv)	कार्यालय का नाम, पूरा पता व दूरभाष Name of the office, Full address and Telephone number		
(v)	पूर्ण आवासीय पता व दूरभाष (प्रमाण सहित) / Full residential Address (With Proof)* Telephone/ Mobile number		
(vi)	विद्यालय से दूरी (कि. मी.) Distance from KV in km.		
(vii)	Basic Pay / मूल वेतन		
(viii)	पिछले 7 वर्षों में स्थानांतरण की संख्या /Number of Transfers in last 7 years (as on 31.03.2023)		
(ix)	माता / पिता की सेवा श्रेणी / Service Category of the Parent (Choose appropriate category from 1, 2, 3, 4, 5, and 6 given on page 4). (Attach appropriate Certificate in page 2 of this Form.)*		
(x)	Employee Code (if any)		
(xi)	E-Mail ID		

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

दिनांक/Date:

माता-पिता/ अभिभावक के हस्ताक्षर /Signature of Parent/Guardian

अपूर्ण/गलत अथवा भ्रामक ढंग से भरे गए फॉर्म स्वतः निरस्त हो जायेंगे

Service Certificate (For DVC Employee)

Certified that Shri/Smt. is a **Regular / Retired / On Deputation / Directly hired Contractual** Employee in the Office of.....
..... DVC. and his / her services are transferable / non-transferable anywhere in India.

Place.....

Signature of head of the Office

Date.....

Name _____

(Designation and Office Stamp)

Complete address and Telephone No. of office.....

Service Certificate (For Central Government Employee)

Certified that Shri/Smt. is working as Regular employee in the Office / Ministry of
He/She is an Employee of Defense Service / CRPF / BSF / NSG / SPG / CISF / Central Govt. /Autonomous Body / Public Sector Undertaking fully financed / partially finance by the Central Govt. and his / her services are non-transferable / transferable anywhere in India.

Place.....

Signature of head of the Office

Date.....

Name _____

(Designation and Office Stamp)

Complete address and Telephone No. of office.....

Service Certificate (For State Government Employee)

Certified that Shri/Smt. is working as Regular employee in the Office / Ministry of
He/She is an Employee of Autonomous Body / Public Sector Undertaking fully financed / partially finance by the State Govt. and his / her services are non-transferable / transferable anywhere in State.

Place.....

Signature of head of the Office

Date.....

Name _____

(Designation and Office Stamp)

स्थानांतरण संख्या प्रमाण पत्र / certificate of number of transfers

मैं, (नाम)..... (रैंक/पदनाम).....

..... (कार्यालय), एतद द्वारा प्रमाणित करता/ करती हूँ कि पिछले सात साल (31/03/2024 तक) मैं एक स्थान से दुसरे स्थान पर मेरे (अंकों एवं शब्दों में) स्थानांतरण हुए जिनका विवरण निचे दिया गया है।

I, (name) (rank / designation).....

.....(office) , do hereby certify that during past seven years (up to 31/03/2024) I have been transferred times (in figure and in words) from one station to another, the details of which are given as under –

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/ Transferred Office/ Unit and Place	दूरी (किमी)/ Distance between two office (in km)	स्थानांतरण आदेश संख्या/ Transfer order number

मैं जानता/जानती हूँ कि यदि उपरोक्त तथ्य गलत पाए गए तो मेरा बच्चा केन्द्रीय 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/Place

दिनांक/ Date

माता/पिता के हस्ताक्षर / Signature of Parent

प्रतिहस्ताक्षर/ Countersignature

मैं, (नाम)..... (रैंक/पदनाम).....

..... (कार्यालय), एतद द्वारा प्रमाणित करता/ करती हूँ कि उपरोक्त विषय विवरण को कार्यालय आलेखों से जांच लिया गया है व सही पाया गया है।

I, (name) (rank / designation).....

.....(office) , do hereby certify that the particulars given above have been authenticated by the records held in the office and found correct.

स्थान / Place

सक्षम अधिकारी के हस्ताक्षर/ Signature of competent authority

दिनांक / date

(नाम, पद और कार्यालय ली मोहर सहित/ With name, Designation and office stamp)

कार्यालय का पूर्ण पता एवं दूरभाष संख्या/ Complete Address and Telephone No. of the office:

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

नामांकन के लिए निर्धारित सेवा श्रेणी / (Service Category) संक्षिप्त विवरण

- **Category – 1.** Children of employees of DVC Bokaro Thermal
 1. Regular employees of DVC who are parents (**Service Certificate of Parent required**).
 2. On Deputation project employees of DVC who are parents (**Service Certificate of Parent required**).
 3. Retired project employees who are parents (**Service Certificate of Parent required**).
 4. **Directly hired Contractual** employees who are parents (**Service of Parent required**).
- **Category – 2.** Children of transferable and non-transferable central government employees and children of ex- servicemen (**Service Certificate of Parent required**).
- **Category – 3.** Children of transferable and non-transferable employees of Autonomous Bodies/Public Sector Undertaking/Institute of Higher Learning of the Government of India (**Service Certificate of Parent required**).
- **Category – 4.** Children of transferable and non-transferable State Government employees (**Service Certificate of Parent required**).
- **Category – 5.** Children of transferable and non-transferable employees of Autonomous Bodies/ Public Sector Undertakings/Institute of Higher Learning of the State Governments (**Service Certificate of Parent required**).
- **Category – 6.** Children from any other category.

For Office Use Only

Registration No: ----- Registration form of -----

Son/Daughter of ----- for Class Balvatika-III Session-2024-25.

Date: ____/04/2024

Signature