

Website: https://no2jhansicantt.kvs.ac.in

केन्द्रीय विद्यालय क्र.2 झाँसी कैंट

KENDRIYA VIDAYALAYA NO 2 JHANSI CANTT कक्षा | 2020-21 में प्रवेश हेतु पंजीकरण फॉर्म

REGISTRATION T FORM CLASS - III (2020-21) ADMISSION

Email: kv2admjhs@gmail.com

Onlin	e Registration form link for Class III only : https://forms.gle/fWQdSJWzg19fkA7N7 Landline: 0510-2471442	
1.	Name of Student (In capital Letters)	Passport size photo
2.	Aadhar No. of the student	of the Student
3.	Whether Girl /Boy/Other	
4.	Date of Birth (In numerals)	
	(In.words) (Attach copy of certificate)	
5.	Single Girl Child:	Yes / No
6.	Age as on 31st march 2020	
7.	Previous Class of the child	
8.	Name of Previous school	
	Whether Recognized (Submit TC at the time of Admission)	Yes /No
9.	Class In which admission is to be done	
10.	Father's Name	
11.	Mother's Name	
12.	Mobile Number of parents	
13.	E-Mail ID of the Parent	
14.	Nationality	
15.	Religion	
16.	PRIORITIES IN ADMISSION .(Kindly Tick only one BOX as applicable)	
	The following priorities shall be followed in granting admissions: -(Note:	
	Preference in Admission to wards will be based on the number of transfers	
	of the parents in the last 7 years.)	

Cat I:Children of transferable and non-transferable Central government employees and children of ex- servicemen. This will also include children of

	invitation by Govt. of India.	
	Or	
	Cat II:Children of transferable and non-transferable employees of	
	Autonomous Bodies / Public Sector Undertaking/Institute of Higher	
	Learning of the Government of India.	
	Or	
	Cat III: Children of transferable and non-transferable State Government	
	employees.	
	Or Or	
	Cat IV: Children of transferable and non-transferable employees of	
	Autonomous Bodies/ Public Sector Undertakings/Institute of Higher	
	Learning of the State Governments. Or	
	Cat V: Children from any other category including the children of Foreign	
	Nationals who are located in India due to their work or for any personal	
	reasons. The children of Foreign Nationals would be considered only in	
47	case there are no Children of Indian Nationals waitlisted for admission.	
17.	Social Category;(SC/ST/OBC)	
40	(Attach copy of certificate)	Van / Na
18.	P H (Physical Disable)	Yes / No
40	If Yes Attach copy of certificate)	
19.	Blood Group of the	
00	student	
20.	Local Address	
	(A)	
	(Attach Proof of Residence)	
21	Permanent Address	
22	Home Town Home State	
22	Distance from the Wish relevan	
23.	Distance from the Vidyalaya	
24.	Basic Pay	
44.	·	
25.	Annual Income of Parents (Father &	
-0.	Mother)	
	, ····································	

28. Fa ser 29. Mo ser	Mother ather's oce ervice) (At other's oce ervice) (At	cupation with	h office a	address (Write	Not appli	cable icable	if not in	Yes/ No Order No.
28. Fa set 29. Mo set	ether's oce ervice) (At other's oce ervice) (At	ccupation wit	h office a service of thin 7 year	certificate address (Write certificate) ars of service.	Not appl	icable	if not in	Order No.
se: 	ervice) (At	ccupation wit tach copy of	h office a	address (Write certificate)	Not appl			Order No.
30. Nu					Date			Order No.
	5. NO	Office/Onit	Place	Rank/Desig		То	Period of Stay	Order No.
ertify that the all information filled is correct and verified							τ	
		Wiothers Si	gnature					
I/C Admission Sign. of class teacher: Sign Office I/C								
							प्राचार्य/Prir	ncipal

DIED IN HARNESS CERTIFICATE

प्रमाणित किया जाता है कि कुमार / कुमारी	स्वगीय श्री /
श्रीमती	के पुत्र /पुत्री हैं जो
(कार्यालय / 1	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 Sr./Smt	
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
	Signature oh Head of the Office
	(With Name, Designation and Office Stamp
स्थान/Place	
दिनांक/Date	
न्यांत्रय का पूर्ण पता औरदूरभाष संख्या/ Comp	
F	-
Self Declaration for distance	e between school and residence
Con Decidration for distance	between sensor and residence
	ner/Mother of
-	Declare that the radial
distance between school and our res	sidence iskm.
Date:	Signature of the parent

सेवा प्रमाणपत्र / Service Certificate

(केन्द्रीय सरकार / Central Govt.)

प्रमाणित है कि श्री / श्रीमती		
Certified that Shri/Smt is working		
as regular employee in the Office / Ministry of		
He/She is an employee of Defence 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.		
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 address and Telephone No. of office		

Service Certificate

(राज्य सरकार / State Govt.)

प्रमाणित है कि श्री / श्रीमती	नार्यालय / मंत्रालय में
नियमित कर्मचारी के रूप में कार्यरत हैं तथा उनकी सेवा	अस्थानांतरणीय है / पूर्ण राज्य में कहीं भी
स्थानांतरणीय है।	
Certified that Shri/Smt	is working in
the Office / Ministry of	_
non-transferable / transferable anywhere in State	
	कार्यालय अध्यक्ष के हस्ताक्षर
	नामालय अध्यक्ष क हस्तावार (नाम, पद और कार्यालय की मोहर सहित)
	Signature of head of the Office
	(With Name, Designation and Office Stamp)
स्थान/Place	
दिनांक/Date	
कार्यात्रय का पूर्ण पता औरदूरभाष संख्या/ Complete ad	dress and Telephone No. of office

SINGLE GIRL CHILD

Rs. 100/- Stamp paper (Notary) Affidavit

Inhabitant occupation	agedyears, IndianResident ofis mother/father of		
Date o	of BirthSubmitting Ition in Class I Vide KVS Admission Guidelines		
child in my family (with no male/fe	emale sibling). I understand that it shall be my bout any change in status of single girl child in en it occurs.		
 I am also aware that in case it is detected at any time that the affidavit swo me is false, appropriate action will be taken by the school authorities and hagainst me. 			
Signature of father	Signature of mother		
Residential address with Contact number:			
Solemnly affirmed at20			
BEFORE Explained and Identified by me,	RE ME		
Advocate			

Attach certificate of number of Transfers in following format (for Govt. Emp. only):-

	Sign.of the Head of the office (With name and Designation)
Date:	,
Place:	