



केन्द्रीय विद्यालय दप्पर / KENDRIYA VIDYALAYA DAPPAR

REG. NO.

[Empty box for registration number]

पंजीकरण फॉर्म /Registration Form - Year 20\_\_ -20\_\_

कक्षा के लिए पंजीकरण /Registration for class.....

(Put tick mark in appropriate box)

Paste Passport Size Photograph of the Child

1- बच्चे का पूरा नाम
Name of child in full (in Capital letters) .....

लिंग/Sex पुरुष/Male [ ] स्त्री/ Female [ ] तृतीय लिंग/ Third Gender [ ]

दिन/Day महीने/Month साल/Year
2. जन्मतिथि (अंकों में)
Date of Birth (in Figures)

शब्दों में in words.....

आयु 31.3.2021 तक /Age as on 31.3.2021
साल Years महीने Months दिन Days

3. बच्चे का रक्त समूह /Blood Group of the child [ ]

4. छात्र की श्रेणी/The category to which child belong
Gen. Cat SC ST OBC EWS BPL Disabled Single Girl Child

यदि बच्चा एससी/एसटी/ ओबीसी /ईडब्ल्यूएस/बीपीएल/विकलांग/एसजी श्रेणी से संबंधित है, कृपया प्रमाणपत्र संलग्न करें
If the child belongs to (/SC/ST/OBC/EWS/BPL/Disabled/S.G.)Category, Please attach relevant certificate.

Table with 2 columns: Details of Mother/Father and Mother/Father. Rows include Name, Nationality, Occupation, Address, Telephone numbers, Distance from KV, Permanent Address, Basic Pay, Transfers, and Parent Category.

मैं यह प्रमाणित करता हूँ कि उपरोक्त प्रविष्टियाँ मेरे ज्ञान के सर्वश्रेष्ठ के लिए सत्य हैं।
I certify that the above entries are true to the best of my knowledge.

माता - पिता के हस्ताक्षर / Signature of Parent

तारीख/Date: ..... पूरा नाम Full Name.....

### Self-Declaration Format

I \_\_\_\_\_, Father/Mother of Master/Miss \_\_\_\_\_ resident of \_\_\_\_\_ (complete address), do hereby declare that the information given in admission form of the admission in Kendriya Vidyalaya, Dappar and in the enclosed documents is true to the best of my knowledge and belief and nothing has been concealed therein. I am well aware of the fact that if the information given by me is proved false / not true at any point of time, admission will be cancelled and I will be liable to legal actions as per guidelines of KVS and any benefit accrued by me or my ward shall be summarily cancelled.

Date:..

Place:

Signature of the Parent/Guardian

### Self Declaration for distance between school and residence

I ..... father/Mother of ..... applied for class .....declare that the radial distance between school and our residence is .....km.

Date:.....

Signature of the parent

- 
- Note:** 1. Proof of Date of Birth and proof of residence shall have to be produced by all applicants.  
2. If parent is in service of Central Govt or State Govt., then attach certificate in the format available on school website.