

केंद्रीय विद्यालय सुन्दरगढ़

ग्राम- भवानीपुर , डाकघर- संकारा

जिला- सुंदरगढ़

ओडिसा – 770020

वेबसाइट-<https://sundargarh.kvs.ac.in/>

Kendriya Vidyalaya Sundargarh

At; Bhawanipur , PO: Sankara

Dist: Sundargarh (Odisha)

PIN:770020

E-mail ID: kvsundargarh@gmail.com



CBSE School Affiliation No: 1500025

Accredited: International School Award (ISA) - BRITISH COUNCIL

Date: 20.05.2023

Admission Notice for XI Commerce Admission for Neighbouring KV/Non KV Students for the Session 2023-24 for Limited Seats

1.The interested students of Neighbouring KV /Non KV may apply for Class:XI (Commerce)from **22.05.2023 to 29.05 2023** between 9:00 AM to 11:00 AM.The registration form along with option form for opting the subjects in Commerce Stream may be downloaded from our KV website i.e <https://sundargarh.kvs.ac.in/> on or before the last date **29.05.2023** and submit the duly filled in forms on or before **29.05.2023** between 9:00 AM to 11:00 AM in our office.

List of Documents:

- i.The mark statement of Class Xth duly attested by the Head of the Institution where last studied..
- ii.Certificate in case of SC/ST/OBC(NCL)/Divyang. Claiming reservation.
- iii.Certificate of NCC/Sports/Game/Scout&Guide/Adventure claiming concessions as per KVS rules..
- iii.Proof for residence.
- iv.Service certificate in case of Government employees in the given format in the registration form itself.
- v.Aadhar card of the student.
- vi.Blood Group report.
- vii.TC in original duly countersigned by the competent authority at the time of admission.
- viii.Affidavit in the given format is to be submitted at the time of admission.

Compulsory Subjects – English Core

C	
O	1. Accountancy
M	2. Bus. Studies
M	3. Economics
E	4. Maths/ Hindi Core
R	5. Optional Subject -F N D (Food Nutrition & Dietics, Common for all)
C	
E	

II..For complete details and eligibility,please download KVS Admission guidelines 2023-24 from KVS website i.e. <https://kvsangathan.nic.in>

3.For any queries you may contact Admission Help-desk:8456919965, 9861310647 between 9:00 am to 11:00 am.

Principal
केंद्रीय विद्यालय/ Kendriya Vidyalaya
सुन्दरगढ़/ Sundargarh
ओडिसा/ Orissa



Kendriya Vidyalaya

Region

पंजीकरण प्रपत्र/Registration Form

Paste latest
Photograph of
ChildClass : Reg. No. :

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. जन्म तिथि (अंकों में) / Date of Birth (in figure):

दिन / Day

मास / Month

वर्ष / Year

शब्दों में / In words:

3. 31.03.2021 तक आयु/ Age as on 31.03.2021

वर्ष / Year

मास / Month

दिन / Day

4. बच्चे का रक्त समूह (Rh फ़ैक्टर सहित) / Blood Group of the Child (With Rh Factor):

5. बच्चे की सम्बंधित श्रेणी General SC ST OBC-CL OBC-NCL EWS BPL Diff. Abled SG Child (Attach Certificate*)

Category to which child belong:

6. आधार कार्ड नंबर/Aadhar Card Number:

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

क्र.सं. S.No.		माता/Mother	पिता /Father
(i)	नाम (स्पष्ट शब्दों में)/ Name (In Capital Letter)		
(ii)	राष्ट्रीयता (Nationality)		
(iii)	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 7 वर्षों में स्थानांतरण की संख्या/ No of Transfers in last 7 years (As on 31/03/2021)		
(ix)	माता-पिता की सेवा श्रेणी/ 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



KENDRIYA VIDYALAYA SUNDARGARH

REGISTRATION CUM OPTION FORM FOR NEIGHBOURING KV AND
NON KV STUDENTS FOR ADMISSION IN CLASS XI COMMERCE
(2023-24)

Reg No _____ Date of Reg. _____

Paste your
Latest
Photograph

STREAM CHOICE:

- (1) Science
(2) Commerce

1. Name of applicant: _____
2. School last Attended: _____
3. (a) Father's Name: _____ Mother's Name _____
(b) Occupation: _____ Occupation: _____
(c) Basic Pay : _____ Basic Pay: _____

4. Service Category of Parent as per KV'S Admission guidelines _____

5. Residential Address: _____

6. Phone /Mobile No _____ Email id _____

7. Category of Applicant (Specify Gen./ SC/ST/OBC(NCL)): _____

(if SC/ST/OBC(NCL), attach self-attested photocopy of certificates)

8. Result of class X (supported by photo copy of mark sheet) CBSE Roll No. _____

Subject	Marks	Subject	Marks
Hindi		Mathematics Standard	
Sanskrit		Mathematics Basic	
English		Science	
Social Science		Total Marks with %	/500 %

9. Aggregate Marks in Science & Math _____

10. Subject Opted Core Subject (1) English

Elective Subject (2) _____ (3) _____

(4) _____ (5) _____

11. Whether participated in SGFI/KVS National /Regional Sports Meet/Scout/Guide/NCC (it yes, please attach attested photo copies of certificate and give details). Specify the level also _____

(All taken together Aggregate Marks will not be exceeded by 6%)

We hereby declare that the above information furnished is true to the best of our knowledge. Further We will not ask for any change in subjects opted in future. This option is final.

Date:
Time:

Signature of Student

Parent's Signature

**SERVICE CERTIFICATE
(STATE GOVERNMENT)**

Certified that Sri/Smt. _____ is working as a regular/permanent/temporary/contractual/part time/casual employee in the capacity of _____ in this office /Ministry /under the Ministry of _____ government of _____. He/ She is an employee of State Govt. / State Govt. Autonomous body/State Govt. PSU fully financed by the State Govt./partially financed by the state Govt. His/her services are non-transferable / transferable anywhere in _____.

Complete Address and telephone No. of the Office

Place: _____
Date: _____

Signature of Head of the Office
(with Name, Designation and Office Stamp)

CERTIFICATE OF NUMBER OF TRANSFERS

I _____ (Name) _____ (rank /designation) of _____ (Name of the Office), do hereby certify that during the past 7 years (Up to 31.03.2023) I have been transferred _____ times (In figures & in words) from one station to another. *(If the distance between the form and to place is at least 20 kms and the minimum period of stay is six months then only it will be considered as a transfer)*. The details of which are given as under:

Office/Unit and Place	Date of Joining the Office/ Unit	Date of Release from the Office/ Unit	Period of stay(in days)	Transferred Office/Unit and Place	Distance between the Two Office (in km)	Transfer Order No.

I know that if the above mentioned facts are found incorrect, my child will be disqualified for admission in Kendriya Vidyalaya.

Signature of the Parent

COUNTER SIGNATURE

I, _____ (Name) _____ (Rank/Designation) of _____ (Name of the Office/Unit/Department) hereby certify that the particulars given in above have been authenticated by the records held in the office and found correct.

Place: _____
Date: _____

Signature of Head of the Office
(with Name, Designation and Office Stamp)

**SERVICE CERTIFICATE
(CENTRAL GOVERNMENT)**

Certified that Sri/Smt. _____ is working as a regular/permanent/temporary/contractual/part time/casual employee in the capacity of _____ in this office/Ministry/under the Ministry of _____ government of India. He/ She is an employee of Defence Service/CRPF/BSF/NSG/SPG/CISF/Central Govt./Central Govt. Autonomous body/Central govt. PSU fully financed/partially financed by the Central Govt. His/her services are non-transferable / transferable anywhere in India.

Complete Address and telephone No. of the Office

Place: _____
Date: _____

Signature of Head of the Office
(with Name, Designation and Office Stamp)

CERTIFICATE OF NUMBER OF TRANSFERS

I _____ (Name) _____ (rank /designation) of _____ (Name of the Office), do hereby certify that during the past 7 years (Up to 31.03.2023) I have been transferred _____ times (In figures & in words) from one station to another. *(If the distance between the form and to place is at least 20 kms and the minimum period of stay is six months then only it will be considered as a transfer)*. The details of which are given as under:
I know that if the above-mentioned facts are found incorrect, my child will be disqualified for admission in Kendriya Vidyalaya.

Office/Unit and Place	Date of Joining the Office/ Unit	Date of Release from the Office/Unit	Period of stay (in days)	Transferred Office/Unit and Place	Distance between the Two Office (in km)	Transfer Order No.

Signature of the Parent

COUNTER SIGNATURE

I, _____ (Name) _____ (Rank/Designation) of _____ (Name of the Office/Unit/Department) hereby certify that the particulars given in above have been authenticated by the records held in the office and found correct.

Place: _____
Date: _____

Signature of Head of the Office
(with Name, Designation and Office Stamp)

CERTIFICATE FROM THE EMPLOYER

(Regarding Status of Employment & identification of Admission Category in KVS)

I Sri/Smt./Ms. _____ (Name of the Employer) ,
 designation _____ working in the office of
 _____ department of _____ , government of
 _____ do hereby certify the following in respect of Sri/Smt./Ms.
 _____ (Name of the Employee) whose son/daughter
 _____ (Name of the Child) is seeking admission in Kendriya Vidyalaya .

01	Name of the Child for whom admission is sought (in Block Letters)	
02	Class in which admission is sought	
03	Full name of the employee (in Block Letters)	
04	Designation of the employee	
05	Employee Code / Employee Identity No.	
06	Name of the office where the employee is presently posted	
07	Status of Employment (Whether Permanent/ Regular/ Temporary/Contractual/ Part Time/ Adhoc/Daily Wage Basis/Casual -To be written clearly)	
08	This office/organization is 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. (To be written clearly)	
09	Whether the employee is to be considered as an employee of Central Government/ <i>Central Government Autonomous body</i> /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)	
10	Please write any one of the following which is applicable i.r.o. the child for whom admission is sought 1. 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. 2. Children of transferable and non-transferable employees of Autonomous Bodies / Public Sector Undertaking/Institute of Higher Learning of the Government of India. 3. 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. 5. Children from any other category	
11	Recent Pay/Salary of the Employee with proper Split up	(i) Pay Level : _____ (ii) Pay : _____ (iii) DA : _____ (iv) HRA : _____ (v) Any Other _____ (vi) Any Other : _____ (vii) Total :
12	Whether the employee is drawing the consolidated pay	YES / NO

Place: _____
 Date: _____

Signature of the Certifying Authority with Seal

Complete Address of the Office:

Telephone Number: _____

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).

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 एवं दूरभाष संख्या _____

Complete address and Telephone No. of office _____