

# **FRESH ADMISSION NOTICE – 2024-25**

## **CLASS – V**

- 1. Admission Date** :- 18.04.2024 to 29.04.2024
- 2. Admission Time**:- 11 a.m. to 1 p.m.
3. Application form along with the documents required during the time of admission are enclosed here.
4. Original documents are required during the time of documents verification.
5. Admission of the applicant is subjected to the verification of the documents required during the time of admission.

**CHECK LIST OF DOCUMENTS**

**PART-A (Details of the Child)**

1. **Name of the Child** : \_\_\_\_\_
2. **Class to which admission sought** : IV(CLASS FOUR)
3. **Session** : 2024-25
4. **Application Submission Code** : \_\_\_\_\_
5. **Selected under the category of** : CwSN/Cat-I/Cat-II/SC/ST/OBC(NCL)/Cat-IV/Cat-V
6. **Serial Number in the Selection List** : \_\_\_\_\_

**PART-B (Documents submission by the parent)**

The self-attested copy (Except cases where original is mentioned) of the following documents are submitted by me.

| Sl. No. | Name of the Document   | Yes/No | Remarks |
|---------|--|--------|---------|
| 1       | Filled in Application Form for Admission (Page: 1 & 2 to be printed on both sides of a single paper)   |        |         |
| 2       | Filled in Format for Entry in UBI Portal   |        |         |
| 3       | Hard Copy (Print out) of the Online Application Form   |        |         |
| 4       | Birth Certificate (Both Original & a Photocopy)  |        |         |
| 5       | Residence Proof (Mention the type in Remark column)  |        |         |
| 6       | Self-Declaration of submission of correct information and documents, Distance from School to Residence   |        |         |
| 7       | Certificate of Proof of Blood Group  |        |         |
| 8       | Caste Certificate (SC/ST/OBC-NCL) – (Specify whether in the name of the child or parent in Remarks Column)   |        |         |
| 9       | Undertaking (If Caste Certificate in the name of the Parent)   |        |         |
| 10      | Income & Asset Certificate for Claiming Economically Weaker Sections   |        |         |
| 11      | BPL Card/ Proof of claiming BPL (Write Names of documents in Remark Column)  |        |         |
| 12      | CwSN Certificate (Specify % of disability and type of disability in Remarks Column)  |        |         |
| 13      | Service Certificate & Certificate showing no. of transfers (ORIGINAL) (Specify category of employee i.e. state govt./central govt. etc. in Remarks Column) |        |         |
| 14      | Certificate from the employer – in prescribed format available in Vidyalaya Website (ORIGINAL)   |        |         |
| 15      | Employee ID card/Last month's pay slip (Specify Employee Code in Remarks Column)   |        |         |
| 16      | Transfer Orders (Specify number of transfers in preceding 7 years as on 31.03.2024 in the remarks column)  |        |         |
| 17      | For Ex-Service Man ID proof/Discharge Book (Specify the date of discharge in Remarks Column)   |        |         |
| 18      | For Ex-Service Man Certificate of transfers counter signed by the Authority (ORIGINAL) - (Specify no. of transfers in Remarks Column)                      |        |         |
| 19      | Aadhar Card (Child, Father, Mother)  |        |         |
| 20      | Any Other  |        |         |

Signature of the Parent with Date

**PART-C (For the Verifying Officers)**

All the documents mentioned above are submitted by the parent and verified by us from the original and found with the following Remarks. (Specify whether admission is approved or rejected in Remarks Column)

**Verifying Officer -1**

**Verifying Officer-2**

Remarks:

Signature:

Name & design. :

I/C Admission

Counter Signed by the Principal

पीएम श्री केन्द्रीय विद्यालय सोनपुर/PM SHRI KENDRIYA VIDYALAYA SONEPUR

प्रवेश के लिए प्रार्थना पत्र /APPLICATION FOR ADMISSION

प्रवेश संख्या / Admission No. \_\_\_\_\_, प्रवेश की तिथि/ Date of Admission: \_\_\_\_\_

**Office Use Only**

|                              |       |         |                       |                    |              |                                  |  |                      |
|------------------------------|-------|---------|-----------------------|--------------------|--------------|----------------------------------|--|----------------------|
| Fresh/ KV<br>TC/ Other<br>TC | Class | Section | Admission<br>Category | Social<br>Category | Boy/<br>Girl | Parent's<br>Deptt/<br>Occupation | Admission<br>Guidelines Provision/<br>Para | Authority Letter No. |
|                              |       |         |                       |                    |              |                                  |  |                      |

**To be filled by the Parent**

| क्रम<br>सं. Sl.<br>No. | विशेषताएँ/Particulars   | जानकारी / Information                         |
|------------------------|---|---|
| 1                      | विद्यार्थी का नाम/Name of the Student   |   |
| 2                      | जन्म तिथि/Date of Birth   |   |
| 3                      | आयु 01.04.2024 को/Age (As on 01.04.2024)  | Year _____ Month _____ Days _____             |
| 4                      | राष्ट्रीयता/Nationality   |   |
| 5                      | <b>माता - पिता का ब्योरा /Details of Parent</b>   |   |
| i                      | माता का नाम/Mother's Name   |   |
| ii                     | पिता का नाम/Father's Name   |   |
| iii                    | माता का व्यवसाय (पद नाम)/Mother's Occupation (with designation)   |   |
| iv                     | पिता का व्यवसाय (पद नाम)/ Father's Occupation (with designation)  |   |
| v                      | कार्यालय का नाम , पूरा पता व दूरभाष संख्या/Name of Office and Full Address with Telephone Number (Father/Mother)                                |   |
| vi                     | पूर्ण आवासीय पता व दूरभाष संख्या/Full Residential Address with Telephone Number   |   |
| vii                    | स्थायी घर का पता /<br>Permanent House Address   |   |
| viii                   | वेतन 01.04.2024 को Pay as on 01.04.2024   | Basic Pay:Rs. _____ Total EmolumentsRs. _____ |
| ix                     | 31.03.2024 तक पिछले 7 वर्षों में हुए स्थानान्तरणों की संख्या /Number of transfers during last 7 years as on 31.03.2024                          |   |
| xx                     | प्रवेश की श्रेणी (माता - पिता)/Admission Category of Parent(I/II/III/IV/V)  |   |
| 6                      | स्थानीय अभिभावक का पता (यदि उपयोग)/Name & Address of Local Guardian (if any & Applicable)   |   |
| 7                      | अंतिम विद्यालय जहाँ पढ़ा हो/Name and address of the school last attended with class   |   |
| 8                      | क्या यह केन्द्रीय विद्यालय था या मान्यता प्राप्त/अमान्यता प्राप्त विद्यालय था /Whether it was Kendriya Vidyalaya/Recognized/Unrecognized School |   |
| 9                      | विगत परीक्षा परिणाम /Result of Last Examination & Percentage of Marks   |   |
| 10                     | जिस कक्षा में प्रवेश चाहिए/Class to which admission is sought   |   |
| 11                     | लिये जाने वाले प्रस्तावित विषय /Subject proposed to offer   |   |
| 12                     | क्या स्थानान्तरण प्रमाण पत्र संलग्न हैं (हां/नहीं) / Whether the transfer certificate is attached (Yes/No)                                      |   |
| 13                     | स्थानान्तरण प्रमाण पत्र की संख्या व तिथि / No. & Date of transfer certificate   |   |
| 14                     | मातृ भाषा व गृह नगर/Mother tongue & Home Town   | Mother tongue: _____ , Home Town: _____       |
| 15                     | क्या विद्यार्थी अनुसूचित जाति /जनजाति/ओ.बी.सी./सामान्य से हैं / Whether the student belongs to Schedule Caste/Schedule Tribe/OBC/General        |   |

Signature of the Parent: \_\_\_\_\_

## माता-पिता के द्वारा घोषणा / DECLARATION BY THE PARENT

मैं एतदद्वारा घोषणा करता / करती हूँ कि मेरे द्वारा दी गई समस्त सूचना सत्य है। मैं विद्यालय नियमों से प्रतिबद्ध रहूँगा/रहूँगी। I hereby declare that the information furnished by me are correct to the best of my knowledge. I shall abide by the rules of the Vidyalaya.

दिनांक/Date: \_\_\_\_\_

माता-पिता के हस्ताक्षर/Signature of Parents

### केवल कार्यालय के प्रयोग के लिए /FOR THE OFFICE USE ONLY

प्रमाणित किया जाता है कि मैंने आवेदन - पत्र और सम्बद्ध कागजातों की जांच कर ली है। Certified that I have checked the application form and the relevant papers are found in order.

Admission In charge

सम्बद्ध कागजातों के निरीक्षणोंपरान्त एवं शुल्क प्राप्तोपरान्त कक्षा \_\_\_\_\_ वर्ग \_\_\_\_\_ में प्रवेश दें।  
Please admit \_\_\_\_\_ to Class: \_\_\_\_\_ Section : \_\_\_\_\_ after checking the relevant papers and finalise the dues.

दिनांक/Date : \_\_\_\_\_

प्राचार्य /PRINCIPAL

दाखिला दिया गया | Admitted to Class : \_\_\_\_\_ Section : \_\_\_\_\_

प्राप्त धन का विवरण | Details of Fees received :

शुल्क रसीद क्र. | Fee Receipt No. \_\_\_\_\_ तिथि | Date : \_\_\_\_\_

प्रवेश तिथि /Admission Fee : Rs. \_\_\_\_\_ शिक्षा शुल्क /Tuition Fee: Rs. \_\_\_\_\_

वि.वि.एन. शुल्क /VVN Fund : Rs. \_\_\_\_\_ कम्प्यूटर शुल्क /Computer Fund : Rs. \_\_\_\_\_

कम्प्यूटर विज्ञान शुल्क /Computer Science Fee : Rs. \_\_\_\_\_ कुल शुल्क / TOTAL : Rs. \_\_\_\_\_

कक्षा उपस्थिति पंजिका में नाम दर्ज किया गया /Name has been entered in the Class Attendance Register.

दिनांक/Date : \_\_\_\_\_

कक्षा अध्यापक/ Class Teacher

प्रमाणित किया जाता है कि समस्त प्रविष्टियाँ छात्र पंजिका में दर्ज की गयीं एवं शुल्क का भुगतान इस कार्यालय कक्षा अध्यापक के द्वारा प्राप्त किया गया। / Certified that all the entries have been made in the Scholar's Register and the dues have been realised by Office/Class Teacher.

विद्यार्थी की छात्र पंजिका संख्या / The S.R.No. of the student is \_\_\_\_\_ Vol. : \_\_\_\_\_

दिनांक/Date: \_\_\_\_\_

कार्यालय प्रभारी /Office In-charge

### फाइल/FILE

दिनांक/Date : \_\_\_\_\_

प्राचार्य/PRINCIPAL

### CHECK LIST OF DOCUMENTS

**FRESH/KV/ARMY TC :** \_\_\_\_\_

List of Documents with No. & Date of Issue:

| Sl.No. | Name of the Document | Number | Date of Issue | Remarks |
|--------|----------------------|--------|---------------|---------|
|        |                      |        |               |         |
|        |                      |        |               |         |
|        |                      |        |               |         |
|        |                      |        |               |         |
|        |                      |        |               |         |

Verifying Officer

**PM SHRI KENDRIYA VIDYALAYA SONEPUR  
STUDENT INFORMATION FOR ENTRY IN UBI PORTAL**

|  |             |
|--|-------------|
| Year of Admission in this KV   | <b>2024</b> |
| Admission No.  | <b>00</b>   |
| Student Name   |             |
| Father/Guardian Name   |             |
| Mother Name  |             |
| New Admission  | <b>Yes</b>  |
| Class  |             |
| Section  |             |
| Admission Category (I/II/III/IV/V)   |             |
| Date of Birth (DD/MM/YYYY)   |             |
| Gender (Boy/Girl/Third Gender)   |             |
| Physically Disabled (Yes/No)   |             |
| Category (General/SC/ST/OBC-NCL)   |             |
| Minority   |             |
| BPL (Yes/No)   |             |
| Mobile Number  |             |
| Email  |             |
| Blood Group  |             |
| Aadhar No.   |             |
| Account No.  |             |
| Account label  |             |
| IFSC Code  |             |
| Select for Payment:<br><small>Q1(Apr-Jun)/ Q2(Jul-Sep)/Q3(Oct-Dec)/Q4(Jan-Mar)</small>   |             |
| Eligible for Reimbursement (Yes/No)  |             |
| Admission Under RTE (Yes/No)   |             |
| Exemption under Sibling (Yes/No)   |             |
| Single Girl Child (Yes/No)   |             |
| KVS Employees Children (Yes/No)  |             |
| Emergency Assistance (Yes/No)  |             |
| Court Case (Yes/No)  |             |
| Exemption under Article 123-124<br>(NA/Full)   |             |
| <small>Children of Armed/Para Forces whose parents killed/disabled during hostilities, operation Meghdoot and Vijay</small>                                |             |
| <small>Children of Armed/Para Forces whose parents killed/declared missing or disabled during any counter insurgency operations in India or Abroad</small> |             |
| <b>Unique Students ID</b><br><small>(To be entered by the Class Teacher after entry)</small>   |             |

Signature:

1. Parent

2. I/c Admission

3. Class Teacher

**SELF DECLARATION**  
**(Submission of Documents & Information)**

I \_\_\_\_\_ Father /Mother of Master/Miss  
\_\_\_\_\_ age \_\_\_\_\_ years , resident of  
\_\_\_\_\_

(Complete Address) , do hereby declare that the information given in admission form of the admission in Kendriya Vidyalaya Sonapur 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 has to be deemed cancelled and I will be liable to punishment as per guidelines of KVS and the benefit accrued by me or my ward will be summarily cancelled.

Date : \_\_\_\_\_ Signature of the Parent  
Place : \_\_\_\_\_ Mobile No : \_\_\_\_\_

**SELF DECLARATION**  
**(Distance from School to Residence) – For Candidates Selected under RTE**

I \_\_\_\_\_ Father /Mother of Master/Miss  
\_\_\_\_\_ age \_\_\_\_\_ years , bearing Application  
Submission Code : \_\_\_\_\_ Residence address  
as mentioned in the Registration Form  
\_\_\_\_\_

\_\_\_\_\_ (Complete Address as mentioned in the Offline  
Registration Form) , do hereby declare that the distance between Kendriya Vidyalaya Sonapur  
and the above mentioned residence is \_\_\_\_\_ km .

Date : \_\_\_\_\_ Signature of the Parent  
Place : \_\_\_\_\_ Mobile No : \_\_\_\_\_

**UNDERTAKING**  
***(Submission of SC/ST/OBC/BPL/EWS Certificate)***

I \_\_\_\_\_ (Name of the Parent) do hereby  
declare that I will submit the SC/ST/OBC- Non-Creamy Layer/BPL/EWS issued by the  
competent authority in the name of my child \_\_\_\_\_ (Name  
of the Child) within 03 (Three) months from the date of admission of my ward in Kendriya  
Vidyalaya Sonapur. If I fail to submit the same in the name of my child within this period the  
admission of my ward will be summarily cancelled.

Date : \_\_\_\_\_ Signature of the Parent  
Place : \_\_\_\_\_ Mobile No : \_\_\_\_\_

**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: \_\_\_\_\_

Signature of Head of the Office

Date: \_\_\_\_\_

(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 31.03.2024) 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: \_\_\_\_\_

Signature of Head of the Office

Date: \_\_\_\_\_

(with Name, Designation and Office Stamp)

**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 31.03.2024) 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)



## ***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 Sonepur.

|    |  |   |
|----|--|---|
| 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/<br>Part Time/ Adhoc/Daily Wage Basis/Casual -To be written clearly)   |   |
| 08 | This office/organization is <b>Central Government/Central Government<br/>Autonomous body/PSU fully or partially financed by Govt. of India/State<br/>Government/ Sate Government Autonomous Body/ PSU fully or partially<br/>finance by the state govt. (To be written clearly)</b>  |   |
| 09 | Whether the employee is to be considered as an employee of Central<br>Government/ <i>Central Government Autonomous body</i> /PSU fully or partially<br>financed by Govt. of India/State Government/ Sate Government Autonomous<br>Body/ PSU fully or partially finance by the state govt. (Any one of the above to be<br>written clearly)<br><b>Note: STATE GOVERNMENT EMPLOYEE: An employee who is regular (i.e.<br/>an employee working on that post sanctioned by the State Government in<br/>substantive capacity) and draws his emoluments from the Consolidated Fund of<br/>State.</b>   |   |
| 10 | <b>Please write any one of the following which is applicable i.r.o. the child for<br/>whom admission is sought</b><br><ol style="list-style-type: none"> <li>1. Children of transferable and non-transferable Central government<br/>employees and children of ex- servicemen.</li> <li>2. Children of transferable and non-transferable employees of<br/>Autonomous Bodies / Public Sector Undertaking/Institute of Higher<br/>Learning of the Government of India.</li> <li>3. Children of transferable and non-transferable State Government<br/>employees.</li> <li>4. Children of transferable and non-transferable employees of<br/>Autonomous Bodies/ Public Sector Undertakings/Institute of Higher<br/>Learning of the State Governments.</li> <li>5. Children from any other category <b>i.e., all those not covered under any<br/>of the categories 1 to 4 listed above.</b></li> </ol> |   |
| 11 | Recent Pay/Salary of the Employee with proper Split up   | (i) Pay Level : _____<br>(ii) Pay : _____<br>(iii) DA : _____<br>(iv) HRA : _____<br>(v) Any Other _____<br>(vi) Any Other : _____<br>(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 with Telephone Number: