

# **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** : V(CLASS FIVE)
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

**/PM SHRI KENDRIYA VIDYALAYA  
SONEPUR**

**/APPLICATION FOR ADMISSION**

/ Admission No. \_\_\_\_\_,

/ Date of

Admission: \_\_\_\_\_

**Office Use Only**

Fresh/ KV TC/ Other TC	Class	Section	Admission Category	Social Category	Boy/ Girl	Parent's Dept/ Occupation	Admission Guidelines Provision/ Para	Authority Letter No.

**To be filled by the Parent**



.Sl .No.	<b>/Particulars</b>	<b>/ Information</b>
1	/Name of the Student	
2	/Date of Birth	
3	01.04.2024 /Age (As on 01.04.2024)	Year _____ Month _____ Days _____
4	/Nationality	
5	-	<b>/Details of Parent</b>
i	/Mother's Name	
ii	/Father's Name	
iii	( )/Mother's Occupation (with designation)	
iv	( )/ Father's Occupation (with designation)	
v	/Name of Office and Full Address with Telephone Number (Father/Mother)	
vi	/Full Residential Address with Telephone Number	
vii	/ Permanent House Address	
viii	01.04.2024 Pay as on 01.04.2024	Basic Pay:Rs. _____ Total EmolumentsRs. _____
ix	31.03.2024 7 /Number of transfers during last 7 years as on 31.03.2024	
xx	( - )/Admission Category of Parent(I/II/III/IV/V)	
6	( )/Name & Address of Local Guardian (if any & Applicable)	
7	/Name and address of the school last attended with class	
8	/Whether it was Kendriya Vidyalaya/Recognized/Unrecognized School	
9	/Result of Last Examination & Percentage of Marks	
10	/Class to which admission is sought	
11	/Subject proposed to offer	
12	( / )/ Whether the transfer certificate is attached (Yes/No)	
13	/ No. & Date of transfer certificate	
14	/Mother tongue & Home Town	Mother tongue: _____, Home Town: _____
15	/ / . . / / Whether the student belongs to Schedule Caste/Schedule Tribe/OBC/General	

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

-

**/ DECLARATION BY THE PARENT**

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.

/Date: \_\_\_\_\_  
Parents

- /Signature of

**/FOR THE OFFICE USE ONLY**

Certified that I have checked the application form and the relevant papers are found in order.  
Admission In charge

\_\_\_\_\_ Please admit  
\_\_\_\_\_ to Class: \_\_\_\_\_ Section : \_\_\_\_\_ after checking the relevant  
papers and finalise the dues.

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

**/PRINCIPAL**

Admitted to Class : \_\_\_\_\_ Section : \_\_\_\_\_

Details of Fees received :

Fee Receipt No. \_\_\_\_\_ Date : \_\_\_\_\_  
/Admission Fee : Rs. \_\_\_\_\_ /Tuition Fee: Rs.

Rs. \_\_\_\_\_ /VVN Fund : Rs. \_\_\_\_\_ /Computer Fund :

Rs. \_\_\_\_\_ /Computer Science Fee : Rs. \_\_\_\_\_ / TOTAL :  
entered in the Class Attendance Register. /Name has been

/Date : \_\_\_\_\_  
Teacher

/ Class

/ Certified that all the entries have been made in the Scholar's Register and the dues have been realised by Office/Class Teacher.

/ The S.R.No. of the student is \_\_\_\_\_ Vol.  
:

/Date: \_\_\_\_\_  
/Office In-charge

**/FILE**

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

**/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: <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 (NA/Full)	
Children of Armed/Para Forces whose parents killed/disabled during hostilities, operation Meghdoot and Vijay	
Children of Armed/Para Forces whose parents killed/declared missing or disabled during any counter insurgency operations in India or Abroad	
<b>Unique Students ID</b> (To be entered by the Class Teacher after entry)	

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:

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

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:

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: \_\_\_\_\_

Signature of Head of the Office

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

(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/ Part Time/ Adhoc/Daily Wage Basis/Casual -To be written clearly)	
08	This office/organization is <b>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)</b>	
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)  <i>Note: STATE GOVERNMENT EMPLOYEE: An employee who is regular (i.e. an employee working on that post sanctioned by the State Government in substantive capacity) and draws his emoluments from the Consolidated Fund of State.</i>	
10	<b>Please write any one of the following which is applicable i.r.o. the child for whom admission is sought</b>  1. Children of transferable and non-transferable Central government employees and children of ex- servicemen. 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 i.e., <b>all those not covered under any of the categories 1 to 4 listed above.</b>	
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 with Telephone Number: