



केन्द्रीय विद्यालय, नाभा छावनी  
**Kendriya Vidyalaya, Nabha Cantt.**  
पिन -147201 (जिला - पटियाला)  
दूरभाष :- 01765-220226 ई-मेल :- [principalnabha2019@gmail.com](mailto:principalnabha2019@gmail.com)  
वेबसाइट : <https://nabhacantt.kvs.ac.in>

## पंजीकरण प्रारूप/REGISTRATION FORM

सत्र/SESSION - 2020-21

क्र.सं./Sr.No \_\_\_\_\_

पंजीकरण हेतु कक्षा/Registration for class \_\_\_\_\_

1. विद्यार्थी का नाम/Name of Child (in capital letters) \_\_\_\_\_

2. पिता का नाम / Father's Name (in capital letters)

\_\_\_\_\_

3. माता का नाम Mother's Name (in capital letters)

\_\_\_\_\_

4. लिंग/Sex :  पु./Male  स्त्री/Female  अन्य/Third Gender

5. जन्म तिथि/Date of Birth (in figures) : \_\_\_\_\_

शब्दों में / In words : \_\_\_\_\_

6. आयु/Age as on 31-03-2020 : \_\_\_\_\_

7. रक्त समूह/Blood Group of the Child \_\_\_\_\_

8. श्रेणी/The Category to which child belong.

SC  ST  OBC  EWS  BPL  SGC  Differentially abled

child (If child belongs to SC/ST/OBC/EWS/BPL/Differentially abled child/Single girl child.)

9. Details of Parents

Sr. No	विवरण/Particulars	माता/Mother	पिता/Father
a.	नाम/Name		

b.	व्यवसाय/Occupation		
c.	कार्यालय का नाम पता एवं सम्पर्कसूत्र/Name of Office, Address & Contact No.		
d.	पूर्ण आवासीय पता एवं दूरभाष /Full Residential Address with Telephone No.		
E	मूल वेतन एवं मासिक आय/Basic		
F	स्थानांतरण संख्या/No. of Transfers		
G	अभिभावक श्रेणी/Category of Parents		

10. विद्यालय से आवास की दूरी/Distance of residence from Vidyalaya \_\_\_\_\_

**DOCUMENTS TO BE SUBMITED :-**

1. Undertaking from parents is acceptable for distance.
2. Proof of Residence is compulsory
3. Attested copy of Date of birth & blood group of a child
4. No. of transfers during last 7 years as on 31-03-2020
5. Attested copies of Caste Certificates, EWS, BPL, DA, and SGC Affidavit

मैं प्रमाणित करता हूँ कि उपरोक्त प्रविष्टियाँ मेरी जानकारी में पूर्णतः सही एवं सत्य हैं।

I certify that above entries are true to the best of my knowledge.

**Signature of Father/Mother/Guardian**

**विद्यालय से निवास स्थान की दूरी हेतु अभिभावक द्वारा सत्यापन।**

**SELF DECLARATION FROM PARENTS FOR DISTANCE**

I \_\_\_\_\_ Father/mother of \_\_\_\_\_ certify

that the distance of my residence from KV Nabha Cantt is \_\_\_\_\_ K.M.

Name of Father/ Mother \_\_\_\_\_

Residential Address \_\_\_\_\_

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

Signature of Father/Mother

Place :

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## सेवा-प्रमाण / SERVICE CERTIFICATE

(केन्द्र सरकार/CENTRAL GOVT)

Certified that Shri/Smt. \_\_\_\_\_ is working as regular employee of the office/Ministry of \_\_\_\_\_. He /She is regular employee of Defence/CRPF/ BSF/NSG/CISF/Central Govt./Autonomous body/ Public Sector Undertaking and his/her services are non transferrable/ transferrable anywhere in India/State.

Place \_\_\_\_\_

Signature of Head of the Office

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

(with Name, Designation and Office stamp)

Complete Office Address with Phone No.

\_\_\_\_\_  
\_\_\_\_\_

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## सेवा-प्रमाण

SERVICE CERTIFICATE

(राज्य सरकार/STATE GOVT)

Certified that Shri/Smt. \_\_\_\_\_ is working as regular employee of the office/Ministry of \_\_\_\_\_. his/her services are non-transferrable/ transferrable anywhere in State.

Place \_\_\_\_\_

Signature of Head of the Office

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

(with Name, Designation and Office stamp)

Complete Office Address with Phone No

\_\_\_\_\_  
\_\_\_\_\_

**स्थानान्तरण संख्या हेतु प्रमाण-पत्र**

**CERTIFICATE OF NUMBER OF TRANSFERS**

I \_\_\_\_\_ ( name) \_\_\_\_\_ (rank/designation) of \_\_\_\_\_ (office), do hereby certify that during the last 7 years (upto 31/03/2020) , I have been transferred \_\_\_\_\_ times (in figures & words) from one station to other. The details of which are given under:

Sr No	Name of Unit	Place	Rank/ Designation	Date		Period of Stay	Order No
				From	To		

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

Signature of Father/Mother/Guardian

**प्रतिहस्ताक्षर /Countersignature**

I \_\_\_\_\_ (Name) \_\_\_\_\_ (Designation/Rank) of \_\_\_\_\_ ( unit/department) hereby certify that the particulars given above have been authenticated by the records held in office and found correct.

Place \_\_\_\_\_

Signature of Head of the Office

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

(with Name, Designation and Office stamp)

Complete Office Address with Phone No

\_\_\_\_\_  
\_\_\_\_\_

## DIED IN HARNESS CERTIFICATE

Certified that Master/ Miss \_\_\_\_\_ is the son/  
daughter of late Sh./Smt. \_\_\_\_\_ who was regular employee  
of (Office/Department) \_\_\_\_\_ was died in harness (while  
in service) on \_\_\_\_\_ (date).

Place \_\_\_\_\_

Signature of Head of the Office

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

(with Name, Designation and Office stamp)

Complete Office Address with Phone No

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_