

SERVICE CERTIFICATE/ सेवा प्रमाण पत्र

STATE GOVT./राज्य सरकार

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

स्थान/Place _____

कार्यालय अध्यक्ष के हस्ताक्षर/signature of head of the office

दिनांक _____

पूरा नाम/ Full Name _____

पद/Designation _____

कार्यालय की मोहर/ 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 31.03.2020) 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:

स्थान से/Office/Unit and Place	अवधि दिनांक से /Date of joining the Office/Unit	अवधि दिनांक तक /Date of release from the Office/Unit	ठहरने की अवधि Period of Stay (in months)	स्थान तक Transferred Office / Unit and Place	दूरी किमी में Distance between the two Office (in km)	स्थानांतरण आदेश संख्या/Transfer Order No.

स्थान/Place _____

दिनांक/Date _____

माता/पिता के हस्ताक्षर/ Signature of Parent

प्रति हस्ताक्षर/COUNTERSIGNATURE

I, (Name)..... (rank/designation) of (Unit/ department) hereby certify that the particulars given in above have been authenticated by the records held in the office and found correct.

स्थान/Place _____

सक्षम अधिकारी के हस्ताक्षर/signature of competent Authority

दिनांक _____

पूरा नाम/ Full Name _____

पद/Designation _____

कार्यालय की मोहर/ Office stamp

SERVICE CERTIFICATE/ सेवा प्रमाण पत्र

CENTRAL GOVT./केंद्र सरकार

प्रमाणित है कि श्री/श्रीमती _____ कार्यालय/मंत्रालय में नियमित कर्मचारी के रूप में कार्यरत हैं। वह रक्षा सेवा/कें.रि.पु.ब/सीमा सुरक्षा बल/एन.एस.जी/एस.पी.जी./सी.आई.एस.एफ/केंद्रीय सरकार स्वास्थ्य संस्था अथवा सार्वजनिक क्षेत्र के उपक्रम जो पूर्ण या आंशिक रूप से केंद्र सरकार से वित्त पोषित हैं कि नियमित कर्मचारी हैं तथा उनकी सेवा स्थानीय है या पूर्ण भारत में कहीं भी स्थानांतरणीय है।

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

स्थान/Place _____ कार्यालय अध्यक्ष के हस्ताक्षर/signature of head of the office
दिनांक _____ पूरा नाम/ Full Name _____
पद/Designation _____

कार्यालय की मोहर/ Office stamp)

CERTIFICATE OF NUMBER OF TRANSFERS

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(Name of the Office), do hereby certify that during the past 7 years (Up to 31.03.2025) 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:

स्थान से/Office/Unit and Place	अवधि दिनांक से /Date of joining the Office/Unit	अवधि दिनांक तक /Date of release from the Office/Unit	ठहरने की अवधि Period of Stay (in months)	स्थान तक Transferred Office / Unit and Place	दूरी किमी में Distance between the two Office (in km)	स्थानांतरण आदेश संख्या/Transfer Order No.

स्थान/Place _____ माता/पिता के हस्ताक्षर/ Signature of Parent
दिनांक/Date _____

प्रति हस्ताक्षर/COUNTERSIGNATURE

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

स्थान/Place _____ सक्षम अधिकारी के हस्ताक्षर/signature of competent Authority
दिनांक _____ पूरा नाम/ Full Name _____
पद/Designation _____

कार्यालय की मोहर/ Office stamp)

AFFIDAVIT FOR SINGLE GIRL CHILD

Rs. 100/- Stamp Paper (Notary) Affidavit

I _____ aged _____ years, Indian inhabitant
occupation _____ Resident _____ of _____

_____ is mother/father

of _____ Date of Birth _____

submitting my undertaking to the Head of the Institution for admission of my daughter

_____ in Class-I (One) vide KVS Admission Guidelines 2023

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1. I hereby declare that Miss _____ is the only girl child in my family (with no male/female sibling). I understand that it shall be my sole responsibility to inform you about any change in status of Single Girl Child in the family immediately, if and when it occurs.

2. I am also aware that in case it is detected at any time that the affidavit sworn by me is false, appropriate action will be taken by the school authorities and KVS against me.

Signature of Father

Signature of Mother

Residential Address with Contact Number:

Solemnly affirmed at: _____

This _____ (Day) of _____ (Month) of 2023 (Year)

BEFORE ME

Explained and Identified by me,

Advocate