Application form for Local Transfer of students of KVs

(Information to be filled in CAPITAL LETTER)

	•	iiiioriiiatioi	i to be	illied iii C	APITAL	LEI	IEK)		
1.	KV from which local t	transfer is soug	ht:						
	Particulars of student oplication.	t(s) [to be verif	ied by th	ne KV where	the stude	nt is	studying o	n the date of	
S. N o.	C F F F F F F F F F F F F F F F F F F F		ity	Class in which student is presently studying	Average enrolment of the class		Date of first admission		Signature
			gory of nt as (VS ission elines				in KV with	Class	of Class Teacher
	Particulars of Parent	_	1			tran	sfer on KV	тс	
Name of the Parent		Designation		Office address where the parent is employed/posted			Residential address of the parent (pro of residence to be attached)		••
	KV where local transf								_
b) c) d) e) f)	Medical ground of Medical ground of Allotment of govt Parents shifted to Change of job by (i) Sibling is study (ii) Date of first ac	f the parent . accommod . permanent the parent k /ing in the K	ation t reside closer V whe	to the pare ence of the to the KV v re local tra	ir own. where lo insfer is	sou	ıght.	_	
g)	Any other reason	other than	listed f	from (a) to	(f).				
Date:			Signature of Parent						
Place:		Name of the Parent							
	Recommen	ndation by k	V Prin	cipal from	<u>where</u>	tra	nsfer is s	sought	
10	certify that the reason					the	veracity o	to K\ f the documen	
fc	om the original docun orm submitted by the art A, Rule 7 (iv) of KV	Parent. I under	take to	state that the				-	

To be filled by the KV where parent is seeking admission on local transfer.

1. KV from where thele	ocal transfer is sought										
2. Particulars of class i	n which admission is sou	ght by the parent on local	transfer.								
Class in which admission is sought	No. of sections	Total strength of all sections as on date	Average strength of the class								
Declaration by the Principal where local transfer is sought I am satisfied with the reasons & documents forwarded by the parent KV of the student & hence forward the case to the Cluster I/C KV Principal for further action.											
Seal & signature of Principal with date To be filled by the Screening Committee at Cluster Level											
reason(s) stated by the approval of the compe	e parent for local transfe	nittee verified the docume r. The case has merit/no m ening committee recomme rom KV	erit for consideration &								
Name of members of s	Screening Committee	Signature of memb	ers of Screening Committee								

Decision Taken by the Competent Authority on the basis of recommendations by the Screening Committee and provisions listed in admission guidelines 2023-24.

Approved/Not Approved