

केन्द्रीय विद्यालय क्रमांक१-, काँचरापाड़ा

KENDRIYA VIDYALAYA NO.1, KANCHRAPARA

NOTICE

LOCAL TRANSFER (TC)

DATE : 16.04.2019

Those parents who are interested for local transfer of their wards are directed to submit the **LOCAL TRANSFER APPLICATION 2019-20** from 26.04.2019 to 02.05.2019 by 01:30 pm with all supporting documents positively in **TRIPLICATE (i.e 03 copies)** for onward transmission. Beyond this submission will not entertain. The application form is available in the Vidyalaya Website i.e. www.kv1kpa.com .

KENDRIYA VIDYALAYA SANGATHAN, KOLKATA REGION

Application for Local transfer for the year 2019-20
(To be submitted in Triplicate in the KV where the student is presently studying)

1. Transfer sought from KV _____ to KV _____
2. Name of Student (Capital letter) :
3. Sex :
4. Father's name :
5. Class in which the child is studying:
6. Reason for seeking transfer :

(Enclose the documentary evidence. Medical ground cases should be supported by valid Medical documents issued by the Govt. Hospital/AMA/CGHS.

1. (a) Residential address at the time of admission * :

(b) Present residential address * :

(Residential proof of **a & b both are to be attached**)

(*Attach any one : Xerox copy of Gas connection, Ration Card, Voter I.D. Card/ Aadhaar Card/Allotment of Quarter in case of Govt. accommodation, Driving license)

7. Signature of the parent/guardian with date :

(To be filled up by the KV where the student is studying)

(After filling three copies, two copies are to be sent the KV where local transfer is sought)

1. From which year the child is studying in your KV :
2. Whether the child admitted on transfer or fresh admission : On Transferred / As fresh.
(tick proper place)
3. **Category of the parent (must be filled up) :**
4. Roll strength of class. : No. of sections _____ Strength _____
5. Remarks/recommendation of the Principal :

Signature of Principal
With seal

(To be filled up by the KV where local transfer sought)

(After filling up two copies, one copy is to be sent to RO)

1. Enrolment as on date : No. of section _____ enrolment _____
2. Remarks/Recommended/Not recommended of the Principal :

Signature of the Principal
with seal

Approved/Not approved. (to be filled up by RO)

