

Kendriya Vidyalaya Sangathan Regional Office
APPLICATION FOR TRANSFER FROM ONE K V TO ANOTHER K V
PART - A (TO BE FILLED BY PARENT)

1	Name of Student	
2	Name of Father / Mother	
3	Official Address of Father/Mother, if serving	
4	Residential Address	
5	Mobile No.	
6	Class in which studying	
7	KV where student is studying at present	
8	Date of admission in present Vidyalaya	
9	KV where the parent is willing to transfer their ward (At-least 3 priorities to be given)	1. _____ 2. _____ 3. _____ 4. _____
10	Reason for transfer. Tick the reason & submit documents in support of the reason <div style="display: flex; justify-content: space-around; align-items: flex-start;"> <div style="border: 1px solid black; width: 40px; height: 20px; margin-bottom: 5px;"></div> <div style="border: 1px solid black; width: 40px; height: 20px; margin-bottom: 5px;"></div> <div style="border: 1px solid black; width: 40px; height: 20px; margin-bottom: 5px;"></div> <div style="border: 1px solid black; width: 40px; height: 20px; margin-bottom: 5px;"></div> </div> Medical Ground Allotment of Govt. Accommodation Construction of own house Shifting of Residential Accommodation Any other ground (please mention) <i>If Shifting because of sibling case, give details</i> Name of Sibling _____ Class _____ Name of KV _____	

I hereby declare that the above mentioned information is correct to the best of my knowledge. I undertake full responsibility for any consequences arising out of furnishing wrong information.

Date : _____ Name and Signature of the parent _____

PART - B (TO BE FILLED BY THE VIDYALAYA WHERE STUDENT IS STUDYING AT PRESENT)

1	Name of KV	
2	Whether student has completed one academic session in your Vidyalaya	
3	Total enrolment in the above mentioned class taken all sections together	
4	Number of sections in the above mentioned class	
5	Average strength in the class i.e. (3/4)	
6	Whether required document(s) for shifting have been submitted?	
7	Are the documents submitted have been verified by the principal?	
8	Total number of students in the class who applied for local transfer in different KVs, if any	
9	What will be effective enrolment in the class if all students who applied for transfer shifted i.e. (3-8)	
10	Remark of the Principal (Recommended/ Not recommended with reason)	

Signature of Principal Date & Seal

Part - C (To be filled by the Vidyalaya where Student is to be transferred)

1	Name of KV	
2	Total enrolment in the above mentioned class taken all sections together where in admission is being sought	
3	Number of sections in the class where admission is being sought	
4	Average strength in the Class i.e. (2/3)	
5	Category of student as per Admission Guidelines (I/II/III/IV/V/VI)	
6	How many students from your Vidyalaya applied for transfer from the above mentioned class	
7	How many applications received by your Vidyalaya from different schools of the station in the above mentioned class	
8	What will be the effective enrolment in the class i.e. (2-6+7)	
9	Remark of the Principal (Recommended/ Not recommended with reason)	

Assistant Commissioner

Signature of Principal Date & Seal

Approved / Not Approved

Deputy Commissioner
KVS RO BENGALURU