

KENDRIYA VIDYALAYA SANGATHAN, ERNAKULAM REGION
APPLICATION FOR LOCAL TRANSFER 2024-25

1. Name of the student :
2. Class & section/ Stream :
3. Present KV :
4. Date of admission :
5. Class to which admitted ;
6. Service Category of the parent :
7. Ground of admission in present KV (Priority category, RTE, Reservation, Special Provision etc.) :
.....
8. Address at the time of admission (As per admission records)
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.....
9. Name of KV in which admission is sought
10. Reason for local transfer (put tick)

(Cat. I to IV only)	<ol style="list-style-type: none"> 1. Transfer of Parent (attach transfer order) 2. Change of Govt. accommodation (Attach Quarter allotment letter / Order) 3. Shifting to own house (attach Ownership Certificate) <i>[change of address due to change in rental house will not be considered]</i> 4. Sibling in the KV where admission is sought 5. Serious illness of the student / parent
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* RTE Admitted students are not eligible for transfer except or conditions given in KVS HQ letter F.N.11-Acad029(Misc)/31/2024 dated 12.06.2024

11. Details of documents attached to support the above claim:

12. If sibling is studying in the KV where local transfer is sought, give details

Name of the sibling:..... Class:..... Section.....
Date of admission..... Name of KV.....
Ground of admission

Name of parent:
Signature of Parent:
Mobile No.

Certificate to be issued by the KV in which the student is presently studying

1. Name of student. Class..... Section
Service Category of parent:..... Date of admission
Address at the time of admission:.....
.....
2. Ground of admission:.....

(To be verified by Class Teacher)

Signature of Principal with seal

Certificate to be issued by the KV in which the Student seek Local Transfer

1. Class to which admission is sought :
2. Average strength of the class- as on 30.06.2024:.....
3. Recommendation of the Principal:

(To be recommended only if the applicant / students satisfies the conditions in the KVS HQ letter F.N.11-
Acad029(Misc)/31/2024 dated 12.06.2024)

Signature of Principal with seal

For Regional Office

1. Local Transfer Recommended / Rejected:
2. KV in which local transfer permitted :
3. Remarks :

Signature of Assistant Commissioner:

Signature of Deputy Commissioner