KENDRIYA VIDYALAYA SANGATHAN, REGIONAL OFFICE, KOLKATA Application for Local transfer for the year 2018-19 (To be submitted in Triplicate in the KV where the student is presently studying)

Transfer sought from KV	to	KV		
2. Name of Student (Capital letter)	•			
3. Sex	4			
4. Father's name	:			
5. Class in which the child is studying:				
6. Reason for seeking transfer	:			
(Enclose the documentary evidence. Medical documents issued by the Govt. 1. (a) Residential address at the time of	. Hospital/Alli	7 00110.	be supported by	valid
(b) Present residential address * :				
(Residential proof of a & b both are (*Attach any one : Xerox copy of Gas Card/Allotment of Quarter in case of G			oter I.D. Card/ A g license)	adhaar
7. Signature of the parent/guardian wi				
(After filling three copies, two copies	ne KV where t are to be sen	he student is s t the KV wher	studying) e local transfer i	s sought)
1. From which year the child is study	ing in your KV	:		
2. Whether the child admitted on tran		dmission :On tick r	Transferred / As proper place)	s fresh.
3. Category of the parent (must be	filled up):			
4. Roll strength of class.	: No. of sec	tions	Strength	
E pomarks/recommendation of the P	rincipai .			
1. (a) Residential address at the time			Signature	of Principal With seal
b, gresent residential address ".				With Sea.
(To be filled up by (After filling up two 1. Enrolment as on date ; No. of sec	the KV where copies, one c	local transfer opy is to be so enrolment	sought) ent to RO)	-0, ш.
2. Remarks/Recommended/Not recor				
Z. Remarks/recommission-7/184			Signature of	the Principa with sea
Approved/Not approved. (to be filled				
Approved/Not approved. (to be inited				

5. Kemens/recommendation of the Province