**ANNEXURE B**

**KENDRIYA VIDYALAYA SANGATHAN, ERNAKULAM REGION
APPLICATION FOR LOCAL TRANSFER 2023-24**

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 (Priority category, RTE, Reservation, Special Provision etc.) : …………………………………………………………………… …………………………………….**
8. **Address at the time of admission (As per admission records)**

**………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………**

1. **Name of KV in which admission is sought 1.………………………………………………..**

 **2.……………………………………………….**

 **3……………………………………………….**

1. **Reason for local transfer (put tick) 1. Transfer of Parent (attach transfer order)**

 **2.Change of residence (Attach Quarter allotment letter / Ownership Certificate) [*change of address due to change in rental house will not be considered*]**

 **3. Sibling in another KV**

**4. Any other Genuine reason (attach proof)**

1. **Details of documents attached to support the above claim:**
2. **If sibling is studying in the KV, 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:…………………………………………………..**

**…………………………………………………………………………………………**

1. **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 30.06.2023:……………………………………………..**
3. **Recommendation of the Principal: ……………………………………………………………**

**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**