SELF DECLARATION

(Distance from School to Residence) – For Candidates Selected under RTE

I	Father /Mother of
Master/Miss	 age
years, bearing Application submission code	
	_residence address mentioned in the
na ciatuati an famo	
	
(Con	plete Address as mentioned in the
Online Registration Form), do hereby declar	e that the distance between Kendriya
Vidyalaya Ambassa and the above mentione	d residence is km.
Date:	Signature of the Parent
Place:	
Mobile No:	

SELF DECLARATION

(Submission of Documents & Information)

I	F	ather /Mother of
Master/Miss		
	age	years, resident of
(Complete Address), do hereby decl	are that the information	on given in
admission form of Kendriya Vidyalaya	Ambassa and in the en	nclosed documents is
true to the best of my knowledge and bel	ief and nothing has b	een concealed
therein. I am well aware of the fact that i	f the information give	en by me is proved
false/ not true at any point of time, admis	ssion has to be deeme	ed cancelled and I will
be liable to punishment as per guidelines	of KVS and the bene	efit accrued by me or
my ward will be summarily cancelled.		
Date:	Signat	ure of the Parent
Place:		
Mobile No:		

UNDERTAKING

(Submission of SC/ST/OBC Certificate)

I	(Name of
the Parent) do hereby declare that	at I will submit the Caste Certificate
(SC/ST/OBC- Non-Creamy Layer	er) issued by the competent authority in
the name of my child	(Name
of the Child) within 03 (Three) n	nonths from the date of admission of my
ward in Kendriya VidyalayaAmb	bassa. If I fail to submit the same in the
name of my child within this per	iod the admission of my ward will be
summarily cancelled.	
Date:	Signature of the Parent
Place:	
Mobile No:	

SERVICE CERTIFICATE (CENTRAL GOVERNMENT)

Certified that Sri/Smt.	1S
working as a regular/permanent/temporary	//contractual/part time/casual employee
in the capacity of	in this
office/Ministry/under the Ministry of	
government of India. He/She is an employ	ee of Defense
Service/CRPF/BSF/NSG/SPG/CISF/Centr	ral Govt./Central Govt. Autonomous
body/Central govt. PSU fully financed/par	tially financed by the Central Govt.
His/her services are non-transferable /trans	sferable anywhere in India.
Complete Address and telephone No. of th	ne Office
Place:	Signature of Head of the Office
	(with name, designation and seal)
	(with name, designation and sear)

CERTIFICATE OF NUMBER OF TRANSFERS

Ι			(Name)			_ (rank
/designation)	of			(Name of th	e Office), do he	reby certify
that during the	e past 7 years (U	Jp to 31.03.202	5) I have been	transferred		_ times (In
figures & in v	vords) from one	station to anoth	ner. (If the dist	ance between the	form and to pla	ce is at least
20 kms and th	ie minimum per	iod of stay is six	x months then	only it will be con	nsidered as a tra	insfer). The
details of whi	ch are given as	under: I know t	hat if the above	e-mentioned facts	are found incom	rrect, my
child will be o	disqualified for	admission in Ke	endriya Vidyal	aya Ambassa.		
Office/Unit	Date of	Date of	Period of	Transferred	Distance	Transfer
and Place	Joining the	Release	stay (in	Office/Unit	between the	Order No.
	Office/Unit	from the	days)	and Place	Two Office	
		Office/Unit			(in km)	
•	ı	1	-L		<u> </u>	
					Signature (of the Parent
					8	
COUNTERS	SIGNATURE					
I,		(Name) _		(Ra	nk/Designation) of
		(Name o	of the Office/U	Init/Department) l	hereby certify th	nat the
particulars giv	ven in above hav	ve been authent	icated by the re	ecords held in the	office and foun	nd correct.
Place:	· · · · · · · · · · · · · · · · · · ·					
				Signature of He	ad of the Office	(with Name

Signature of Head of the Office (with Name,

Designation and Office Stamp)

SERVICE CERTIFICATE

(STATE GOVERNMENT)

Certified that					_ is working as	a
regular/perma	anent/temporary	-		employee in the ca		
		in thi		try /under the Min	•	
			governmen	t of	He/	She is an
				ate Govt. PSU fu		
Govt./partiall	y financed by the	ne state Govt. H	is/her services	are non-transfera	ble / transferable	e anywhere in
		·				
Complete Ad	dress and teleph	none No. of the	Office			
	e:and Office Sta		Signatur	e of Head of the	Office (with N	ame,
Office/Unit	Date of	Date of	Period of	Transferred	Distance	Transfer
and Place	Joining the	Release	stay (in	Office/Unit	between the	Order No.
	Office/Unit	from the	days)	and Place	Two Office	
		Office/Unit			(in km)	
					Signature	of the Parent
COUNTER	SIGNATURE					
Ι.		(Name)		(Ra	ank/Designation	of
		(Name o	of the Office/U	Init/Department)	hereby certify tl	nat the
particulars gi	ven in above ha	ve been authent	icated by the re	ecords held in the	office and four	nd correct.
Place& Date Office Stamp	p)	Signat	ure of Head o	f the Office (with	h Name, Desigi	nation and

AFFIDAVIT FOR SINGLE GIRL CHILD

Rs. 100/- Stamp Paper (Class I Magistrate not less than rank of Tahsildar) Affidavit

I	abitant occupation aged Resident		
years , Indian inhabitant occupation		Resident	
of			
is the mother/father of			
Date of Birth isthe Head of the Institution for admission	submi	tting my undertaking to	
the Head of the Institution for admission	on of my daughter		
	in Class	s-I (One) vide KVS	
Admission Guideline 2025-2026			
 I hereby declare that Miss is the only girl child in my family that it shall be my sole responsibility of Single Girl Child in the family immediately, if and when it occurs I am also aware that in case it is define is false, appropriate action will against me. Signature of Father	(with no male/female ity to inform you abo etected at any time tha	e sibling). I understand ut any change in status at the affidavit sworn by ol authorities and KVS	
Signature of Father	Signature of N	Mother	
Residential Address with Contact Numbe	r:		
Solemnly affirmed at:	This	(Day) of	
(Month) of (Year)			
BEFORE ME			
Explained and identified by me.			

Advocate

AFFIDAVIT FOR SINGLE GIRL CHILD

(BY PARENT)

I, Father of (Single Girl Child)	
	_ &Mother of
(Single Girl Child)	
	residing at
	
do solemnly declare that we have no other chil	d except
(Name of the Singl	e Girl Child).
1. That I am citizen of India.	
2. That	is my real
daughter.	
3. That her date of birth is	
4. That I have a Single Daughter and no other child in my family.	
5. That my above-mentioned daughter has no brother or sister.	
6. That I will inform the school authority in case another son or damy family.	aughter is born in
7. If any information or documents are found incorrect on verifical admission of my ward may be treated as canceled, I will not sustal against the decision of Principal, Kendriya Vidyalaya Ambassa.	·