

KENDRIYA VIDYALAYA SANGATHAN, ERNAKULAM REGION
APPLICATION FOR LOCAL TRANSFER 2021-22

1. Name of the student :
2. Class & section/ Stream :.....
3. Present KV :.....
4. Date of admission :.....
5. Class to which admitted ;.....
6. Ground of admission :.....

7. Address at the time of admission (As per admission records)
.....
.....
.....

8. Name of KV in which admission is sought 1.....
- 2.....
- 3.....

9. Reason for local transfer (put tick) 1.Transfer of Parent
- 2.Change of residence
3. Sibling in another KV

10. Documents attached to support the above claim:

11. If sibling studying in the KV, give details

Name of sibling:..... Class:..... Section.....

Date of admission..... Name of KV.....

Name and 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:.....
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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:.....
3. Recommendation of the Principal:

Signature of Principal with seal

For Regional Office

1. Local Transfer Recommended / rejected:
2. School in which local transfer permitted:
3. Remarks

Signature of Assistant Commissioner

Signature of Deputy Commissioner