

**On Letter Head of the Department Concerned**  
**Service Certificate**  
**(Central Government)**

F. No. - .....

Dated - .....

Certified that Shri. / Smt. ...., designation  
..... is working in the Office / Ministry of  
.....

He / She is a **regular employee** of Defence Service / ITBP / CRPF / BSF / NSG / SPG / CISF / SSB / Assam Rifles / DRDO / Central Government / AIS / Autonomous Body / Public Sector Undertaking fully financed / partially financed (..... % percentage of Govt. share) by Central Government and his / her services are non-transferable / transferable anywhere in India.

This certificate is issued on the request of the individual concerned for admission of his / her son / daughter ..... in PM Shri Kendriya Vidyalaya Janakpuri, New Delhi.

Also, it is certified that the concerned employee is ELIGIBLE / NOT ELIGIBLE for reimbursement of Children Education Allowance from this office for the said child.

Signature of head of the Office  
(With Name, Designation and Office Stamp)

Place: .....

Date: .....

Complete address and Telephone No. of Office :

.....

**On Letter Head of the Department Concerned**  
**Service Certificate**  
**(State Government)**

F. No. - .....

Dated - .....

Certified that Shri. / Smt. ...., designation  
..... is working in the Office / Ministry of  
.....

He / She is a **regular employee** of State Government / Autonomous Body / Public Sector Undertaking fully financed / partially financed (..... % percentage of Govt. share) by State Government and his / her services are non-transferable / transferable anywhere in the state.

This certificate is issued on the request of the individual concerned for admission of his / her son / daughter ..... in PM Shri Kendriya Vidyalaya Janakpuri, New Delhi.

Also, it is certified that the concerned employee is ELIGIBLE / NOT ELIGIBLE for reimbursement of Children Education Allowance from this office for the said child.

Signature of head of the Office  
(With Name, Designation and Office Stamp)

Place: .....

Date: .....

Complete address and Telephone No. of Office :

.....

# On Letter Head of the Department Concerned

## CERTIFICATE OF NUMBER OF TRANSFERS

I, ..... (Name) ..... (Designation) ..... (Office), do hereby certify that during the past 07 years (up to 31.03.2024), I have been transferred ..... times (in figures, and in words) from one station to another, the details of which are as under:

S. No.	(Office / Unit & Place)	Date		Period of Stay (in days)	Transferred to (Office / Unit with Place)	Distance between two Offices (in km)	Transfer Order No.
		of joining the Office / Unit (from)	of release from the Office / Unit (to)				
1							
2							
3							
4							

**Note : Period of posting / stay at a place must be at least six months.**

I know that if the above-mentioned facts are found incorrect at any stage (at the time of admission or later), my child will be disqualified for admission in Kendriya Vidyalaya. No appeal will be made by me to any Authority in this regard.

Signature of Parent

Name of Parent: .....

### Countersigned

I, ..... (Name) ..... (Designation) ..... (Office), do hereby certify that the particulars given in above, have been authenticated by the records held in the office and found correct.

**Note – \*An employee would be treated as transferred only if he / she has been transferred by the competent authority from one place / urban agglomeration to another place / urban agglomeration which is at a distance of at least 20 Kms and minimum period of stay at a place should be of six months.**

Place - .....

Date - .....

Signature of Competent Authority  
(With Name, Designation and Office Stamp)

Complete Address and Telephone No. of Office –

.....

**On Letter Head of the Department Concerned**

**DIED IN HARNESS CERTIFICATE**

**(ONLY FOR CENTRAL GOVERNMENT EMPLOYEES)**

Certified that Master / Miss ..... is the son / daughter of Late Shri. / Smt. .... who was a regular Central Government employee working at ..... (Office / Department) and he / she died in harness (while in service) on ..... (date).

Place - .....

Date - .....

Signature of Competent Authority  
(With Name, Designation and Office Stamp)

Complete Address and Telephone No. of Office –

.....