## KENDRIYA VIDYALAYA, INS KALINGA BHEEMUNIPATNAM -531163

## <u>APPLICATION FOR REGISTRATION FOR ADMISSION INTO CLASS XI -2023-24</u>

Name of the student	:				Г		
2) Father's / Mother's nar	ne :						
3) Address	:						
s) Hadross	·					Affix you	r
						latest	
4) Phone no	:					Photogra	aph
5) Email Id	•						
6) Whether SC/ST/OBC	· :				L		
	·						
) School where studied in class X:						Board	
• If Home KV (KV IN							
• Others than KV INS	KALINGA (Name	e of the school &	place):				
8) Marks & Grades obtai	ned						
· · · · · · · · · · · · · · · · · · ·					Marks Grad		ade
D 1' 1				obta	ined		4
English Hindi / Sanakrit / Other	I anguaga (Cna	if.					4
Hindi / Sanskrit / Other Maths	Language (Spec	211y)					_
Science							-
Social Science							$\dashv$
Social Science	Total	:					-
	Percentage of						-
(only subjects)	A / Group	roup B / Group C  Please [✓] Tick the Group Name					
A. English, Physics, Che	mistry, Maths,	Biology, Physi	ical Educa	tion		· · ·	
B. English, Physics, Che							
<b>Physical Education</b>	•						
C. English, Physics, Che	mistry, Biology	, Hindi, Physic	cal Educat	ion			
(0) Details of Participatio	n in sports/BS &	G/NCC/Adve	nture activi	ties			
(Please attach a self-	attested copy of	the certificate	concerne	d)			
Signature of the stud	ant			Signa	ture of	the Parer	nt.
		4 34 1 0	. 1				11
(Please attach self-attest			nent along w	ith Reg	ıstratıon	torm)	
Admitted to Class XI	Science with sub	ojects					
					1		
Fees Receipt No.		Dated:					

Admission I/C PRINCIPAL

## **ANNEXURE -1**

## **Self-Declaration by the Parent**

I, Father/Mother of Master/Miss
Ageyears, resident of
(Complete address), do hereby declare that the information given in admission form of the admission in
Kendriya Vidyalaya,and in the enclosed documents is true to the best of my knowledge and
belief and nothing has been concealed therein. I am well aware of the fact that if the information given by me
is proved false / not true at any point of time, admission will be cancelled and I will be liable to legal actions as
per guidelines of KVS and any benefit accrued by me or my ward shall be summarily cancelled.
Date:
Place:
Signature of the Parent/Guardian