

KENDRIYA VIDYALAYA SANGATHAN, REGIONAL OFFICE, BHUBANESWAR
LOCAL TRANSFER FOR THE SESSION 2022-23

PART - A

[To be filled up by the parent and submitted to the Principal where the student is studying in triplicate]

1	Name of the Students (In Block letter)	
2	Class	
3	Father's Name	
4	Name of the KV where the student is studying at present	
5	Whether admitted under RTE (Yes/No)	
6	KV to which Local Transfer is sought	
7	Present Residential Address	
8	Reason for Local Transfer (Attached supporting documents)	Change of Residence / Medical Ground / Siblings case / Any other (please mention)
9	If Siblings case, give details	1. Name:
		2. Class:
		3. Name of the KV:

Date:

Signature of Parent

PART - B

[To be filled by the Principal of the KV where the student is studying at present]

1	Date of Admission in the KV	
2	Category	
3	Whether admitted under RTE	
4	Recommendation of the Principal	Recommended / Not Recommended

Date:

Signature of the Principal with seal

PART - C

[To be filled by the Principal, KV where the Local Transfer is sought]

1	Average strength of the Class in which local transfer is sought	
2	Whether the information given about the Siblings studying in the KV is correct as per school record	
3	Recommendation of the Principal	Recommended / Not recommended
4	Reason if not recommended	

Date:

Signature of the Principal with seal

[For Regional Office use]

Recommended / Not Recommended

Signature of the Committee members:

1.

2.

3.

4.

[Countersignature of the Deputy commissioner]