

**SERVICE CERTIFICATE
FOR (CENTRAL GOVERNMENT EMPLOYEE)**

Certified that Shri/Smt. _____ is working as Regular Employee in the Office/Ministry of _____ He/She is Regular Employee of Defence Service/ CRPF/BSF/NSG/ SPG/CISF/ Central Govt. /Autonomous body/ Public Sector Undertaking fully financed/ partially financed by Central Govt. and his/her services non-transferable/ transferable anywhere in India.

Place: _____

Sign. of Head of The Office

Date: _____

(With Name, Designation and office stamp)

Complete address and Telephone No. of office

**SERVICE CERTIFICATE
FOR (STATE GOVERNMENT EMPLOYEE)**

Certified that Shri/Smt. _____ is permanently working in the Office/Ministry of _____ and his/her services are non-transferable/ transferable anywhere in State.

Place: _____

Sign. of Head of The Office

Date: _____

(With Name, Designation and office stamp)

Complete address and Telephone No. of office

CERTIFICATE OF NUMBER OF TRANSFERS

I, _____ (Name) _____ (Rank/Designation) of _____ (office), do hereby certify that during the past 7 years (up to 31.03.2020) I have been transferred _____ (in figures & in words) from one station to another, the details of which are given as under:

S.No	Office/Unit	Place	Rank/designation	Date		Period of stay	Order no.
				From	To		
1							
2							
3							
4							
5							
6							
7							
8							

I know that if the above-mentioned facts are incorrect, my child will be disqualified for admission in Kendriya Vidyalaya.

(Signature of Parent)

COUNTERSIGNATURE

I, _____ (Name) _____ (rank/designation) of _____ (Unit/Department) hereby certify that particulars given in above have been authenticated by the records held in the office and found correct.

Place: _____

Date: _____

Sign. of Head of The Office

(With Name, Designation and office stamp)

Complete address and Telephone No. of office

Note: Minimum period of posting/stay at a place should be minimum six months.

**DIED IN HARNESS CERTIFICATE
(ONLY FOR CENTRAL GOVERNMENT EMPLOYEES)**

Certified that Master/Miss _____ is the son/ daughter of Late Sh./Smt. _____ who was regular employee of _____(Office /Department) and he /she died in harness(while in service) on _____ date.

Place: _____
Date: _____

Sign. of Head of The Office
(With Name, Designation and office stamp)

Complete address and Telephone No. of office

