

KENDRIYA VIDYALAYA SANGATHAN::REGIONAL OFFICE::GURUGRAM  
PROFORMA FOR LOCAL TRANSFER OF STUDENTS (2022-23)

(To be filled in by the parent and submitted (in QUADRUPLICATE))

1	Name of the student(in BLOCK Letters)	
2	Class in which studying at present	
3	Father's Name	
4	Name of the KV Where the student is studying	
5	Admission No.	
6	Date of admission in present KV	
7	Address at the time of Admission	1) Office _____ 2) Residence _____
8	Name of KV to which Local Transfer is sought	
9	Reason for Local Transfer(Attach supporting documents)	
10	Change of Address (Residence) qualifying for Local TC(Attach Residence Proof)	

DATE:

Signature of Parent

NOTE: 1) Local Transfer Applications will be accepted by the Regional Office only through proper channel.

- 2) Application should not be handed over to the Parent, in any case of local transfer.
- 3) Parents should not be directed to visit the Regional Office for Local Transfer.
- 4) The list of candidates eligible for local Transfer will be informed to concern KV.
- 5) The list of candidates eligible for local Transfer will be informed to concern KV.

FOR OFFICE USE

(To be filled in by the Principal, KV where the student is studying and to be forwarded (in DUPLICATE) to the Principal, KV where Local Transfer is sought.

1) Date of Admission: \_\_\_\_\_ Class in which, admission was taken in this Vidyalaya: \_\_\_\_\_  
\_\_\_\_\_ Category: \_\_\_\_

2) No. of students in the Class \_\_\_\_\_ No. of sections in the Class: \_\_\_\_\_ Average strength \_\_\_\_\_ strength per section: \_\_\_\_\_

3) Recommendation of the Principal (Specify the reason and justification)

\_\_\_\_\_  
\_\_\_\_\_  
Signature of Principal with seal

{To be filled in by the Principal, KV where the local transfer is sought and to be forwarded (SINGLE COPY) to the DC. KVS, RO. GURGAON with specific recommendation/comment \_\_\_\_\_

1) No. of students in the Class \_\_\_\_\_ No. of sections in the Class: \_\_\_\_\_ Average strength per section: \_\_\_\_\_

2) Whether prior concurrence is obtained from Project KV (if applicable): \_\_\_\_\_

3) Recommendation of the Principal (Specify the reason and justification)

\_\_\_\_\_  
\_\_\_\_\_  
Signature of Principal with seal

Local transfer allowed/ not allowed

DEPUTY COMMISSIONER

