

KENDRIYA VIDYALAYA SANGATHAN: REGIONAL OFFICE: CHENNAI

PROFORMA FOR LOCAL TRANSFER OF STUDENTS (2018-19)

(Ref: Part-A/ Para - 7 (iv) of Admission Guidelines – 2018-19)

(To be filled in by the parent and submitted (in TRIPLICATE) to the Principal of KV where the student is studying,
for onward submission to the Deputy Commissioner, KVS, RO, Chennai)

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.	Address at the time of Admission	1) <u>Office</u>
		2) <u>Residence</u>
6.	Name of KV to which Local Transfer is sought	
7.	REASON FOR LOCAL TRANSFER (Attach supporting documents)	
8.	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 to submit to RO.
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 displayed on the Notice Board of Regional Office based on applications received till that period and the same will be intimated to the schools.

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 the Vidyalaya: _____ Category: _____
2) No. of Students in the Class: _____ No. of Sections in the Class: _____ Average Strength per section: _____
3) Recommendation of the Principal (Specify the reason and justification)

SIGNATURE OF THE 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, CHENNAI with specific recommendation/comment.)

- 1) No. of Students in the Class: _____ No. of Sections in the Class: _____ Average Strength per section: _____
2) Recommendation of the Principal (Specify the Reason and Justification)

SIGNATURE OF THE PRINCIPAL WITH SEAL

LOCAL TRANSFER ALLOWED/ NOT ALLOWED

DEPUTY COMMISSIONER