## KENDRIYA VIDYALAYA SANGATHAN, CHENNAI REGION

## Application for Local transfer for the year 2020-21 (To be submitted in <u>Triplicate</u> in the KV where the student is presently studying)

Transfer sought from KV	to KV	
2. Name of Student (Capital letter)	:	
3. Sex	:	
4. Father's name	:	
5. Class in which the child is studying:		
6. Reason for seeking transfer	:	
(Enclose the documentary evidence. Med documents issued by the Govt. Hospital/A  1. (a) Residential address at the time of a	MA/CGHS.	y valid Medical
(b) Present residential address *	:	
(Residential proof of <b>a &amp; b both are to</b> (*Attach any one : Xerox copy of Gas co Card/Allotment of Quarter in case of Gove	nnection, Ration Card, Voter I.D. Card/	Aadhaar
7. Signature of the parent/guardian with	date :	
	the KV where the student is studying) es are to be sent the KV where local tra	nsfer is sought)
1. From which year the child is studying	in your KV :	
2. Whether the child admitted on transfe	•	
3. Category of the parent (must be fil		per place)
4. Roll strength of class.	: No. of sections	_ Strength
5. Remarks/recommendation of the Princ	ipal :	
		Signature of Principal With seal
	by the KV where local transfer sought) to copies, one copy is to be sent to RO)	
1. Enrolment as on date : No. of section	enrolment	
2. Remarks/Recommended/Not recomme	nded of the Principal :	
	Sig	nature of the Principal
Approved/Not approved. (to be filled up b	y RO)	with seal