

**LAST DATE FOR SUBMISSION OF FORMS IS 30-APRIL-2019**

KENDRIYA VIDYALAYA SANGATHAN: REGIONAL OFFICE: CHENNAI

PROFORMA FOR LOCAL TRANSFER OF STUDENTS (2019-20)

(Ref: Part-A/ Para - 7 (iv) of Admission Guidelines – 2019-20)

(To be filled in by the parent and submitted (a single copy) to the Principal of KV where the student is studying, for onward submission to the Principal of KV where admission is sought)

PART-A

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 Google form.  
2) Parents should not be directed to visit the Regional Office for Local Transfer.  
3) 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 through email.

PART-B

(To be filled in this form as well as through the link provided for this purpose by the Principal, KV where the student is studying and to be forwarded (Scanned copy by e-mail along with supporting documents) 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

PART-C

(To be filled in by the Principal, KV where the LOCAL TRANSFER is sought and to be forwarded to DC, KVS, RO, CHENNAI only through the link provided for this purpose (Data as well as the scanned copy of this form after filling). No hard copy needs to be sent to RO.

- 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