

Groups for the purpose of considering Local Transfer application on KV TC: 2021-22

1	No.1 KASARAGOD	
2	NO. 2 KASARAGOD	
3	KANHANGAD	
4	NILESHWAR	
5	EZHIMALA	
6	CRPF PERINGOME	
7	PAYYANNUR	
8	KELTRON NAGAR	
9	KANNUR	
10	THALASSERY	
11	NO. 1 CALICUT	
12	NO. 2 CALICUT	
13	NO. 1 PALAKKAD	
14	NO. 2 KANJIKODE	
15	THRISSUR	
16	RAMAVARMAPURAM	
17	NAD ALUVA	
18	ERNAKULAM	
19	NO. 1 NAVAL BASE KOCHI	
20	NO. 2 NAVAL BASE KOCHI	
21	PORT TRUST	
22	INS DRONACHARYA	
23	CRPF PALLIPPURAM	
24	PATTOM (SHIFT I)	
25	PATTOM (SHIFT II)	
26	AFS AKKULAM	
27	PANGODE	
28	SAP PEROORKADA	

KENDRIYA VIDYALAYA SANGATHAN, ERNAKULAM REGION
APPLICATION FOR LOCAL TRANSFER 2021-22

1. Name of the student :
2. Class & section/ Stream :.....
3. Present KV :.....
4. Date of admission :.....
5. Class to which admitted ;.....
6. Ground of admission :.....
7. Address at the time of admission (As per admission records)
.....
.....
.....
8. Name of KV in which admission is sought 1.....
2.....
3.....
9. Reason for local transfer (put tick) 1. Transfer of Parent
2.Change of residence
3. Sibling in another KV
10. Documents attached to support the above claim:
11. If sibling studying in the KV, give details
Name of sibling:..... Class:..... Section..... Date of
admission..... Name of KV.....

Name and signature of Parent

Mobile No.

Certificate to be issued by the KV in which the student is presently studying

1. Name of student. Class..... Section
- Service Category of parent:..... Date of admission
- Address at the time of admission:.....
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2. Ground of admission:.....

(To be verified by Class Teacher)

Signature of Principal with seal

Certificate to be issued by the KV in which the Student seek Local Transfer

1. Class to which admission is sought :
2. Average strength of the class :.....
3. Recommendation of the Principal:

For Regional Office

1. Local Transfer Recommended / rejected:
2. School in which local transfer permitted:
3. Remarks :

Signature of Assistant Commissioner

Signature of Deputy Commissioner