(To be filled in by the Parent/Guardian of the Candidate with the help of the Headmaster/Headmistress of the School from where the candidate passed Class V Examination)

1. Name of the Candidate:

Aadhar Number:_____

2.Sex

Male Female TG

PHOTO of student

3. (a)Category

Gen	OBC	SC	ST

(b)Caste

4. Date ofBirth

Date	Month	Year

Date of Birth in Words

5. Father's Name

- 6. Mother's Name
- 7. Name of the Guardian and relationship with him/her, if applicable:_____

8. School(s) from where the candidate passed Class III, IV and V.

	Particulars	CLASSES				
		III	IV	V		
(A)	(i) Month & Year of Joining					
	(ii) Month & Year of Passing					
(B)	(i) Name of the School					
	(ii) Is It a recognized school? (YES/NO)					
(C)	Name of the Village or Town in which school is located.					
(D)	Name of the Block					
(E)	Name of the District					
(F)	Location of the School Indicate RURAL/URBAN					

(Separate certificate is to be obtained if the candidate had studied classes III, IV & V in different schools)

CERTIFICATE

(BY PARENT/GUARDIAN OF THE CANDIDATE CONCERNED)

Certified that the information given above is true to the best of my knowledge and belief. In case, any part of information furnished by me is found incorrect, the admission of my child/ward may be cancelled. I am ready to produce the relevant certificates issued by Competent Authorities as and when asked for.

Signature of PARENT/GUARDIAN

Entries verified, certified and found correct.

Signature of the HEADMASTER/HEADMISTRESS

Name:

School Seal :

Desgn.:_____

<u>(NOTE FOR THE HEAD OF THE SCHOOL</u>: - Following Certificate is required to be issued in respect of candidate selected for admission in JNV in the respective district).

CERTIFICATE BY THE HEAD OF THE SCHOOL

 Certified that the information given in pages 1 & 2 is found correct as per our

 school
 records.
 It
 is
 also
 certified
 that
 Master/Kumari

 _______was admitted in this School in Class______on
 ______on

Signature of the Head of Institution

last studied with School Seal

Date:_____

(date).

UNDERTAKING BY THE PARENT/ GUARDIAN

Certified that the information given in the application form for admission into Class VI in Jawahar Navodaya Vidyalaya,District:______for the academic year 2020-21 for my ward is true to the best of my knowledge and belief. In case any part of the information furnished by me is found incorrect, admission of my ward may be cancelled at any time. I am ready to produce relevant certificates issued by the competent authority to your office when asked in support of entries in my original application

Signature of the parent/Guardian

Name:	_
	_H
No:	
Street	
Village	
Mandal/Block	
Pin Code:	
STDCode:PhoneNo	
MobileNo:	

Address of parent/guardian:

UNDERTAKING

I, ______(Father/ Mother/ Guardian) of Kumari/Master _______who got selected for admission into Class VI in Jawahar Navodaya Vidyalaya,District hereby give an undertaking that I am ready to pay Navodaya Vikas Nidhi from Class-IX to XII every month as per norms of Navodaya Vidyalaya Samiti.

Signature of the parent/Guardian

Note: This is not applicable to SC/ST categories and all girl students and the parents whose Income is below poverty line.

UNDERTAKING FOR MIGRATION

(TO BE FILLED BY PARENT IN PRESENCE OF PRINCIPAL, JNV)

l,	Father/Mother/Guardian of Kumari/Master
	who got selected for admission in Class VI in JNV,
Districthereby	give an undertaking that I understand that, for promotion
of National Integration and a	as per the scheme at JNVs, 30% of the students of class IX
from one JNV have to migro	ate to another JNV from non-Hindi speaking area to Hindi
speaking area and vice-vers	a and I agree to abide by the rules of NVS in thisregard.

Signature of the parent/guardian

Fullname:_____

Address:_____

MobileNo:_____

Land line with STDcode:_____

JAWAHAR NAVODAYA VIDYALAYA:DISTRICT:_____

		MEDICAL FITNESS CERTIFICATE
01.	Name of the candidate	:
02.	Father'sname	:
03.	Address	:
04.	Date of birth	
05.	Height	
06.	Weight	
07.	Abdomen	
08.	Chest	
09.	Vision	LEFTRIGHT
10	Ears	
11.	Throat	
12.	Locomotor system	
13.	State of vaccination	
14.	Skin	
15	Blood Group	
16	Dental Hygiene	
17.	Remarks of Medical Officer	: Recommended/not recommended for admission/Recommended to C.M.O for Verification if any.
	PHOTO OF THE STUDENT	
		CIVIL SURGEON

MEDICAL ANTECEDENTS

UNDERTAKING

We, Shri. ______ (father) & Shrimati ______ (mother), the parents of Master/Miss ______ , a selected 01010102416

_____ do hereby declare that our ward doesn't suffer from any of the medical ailments listed below.

- 1. Head Injuries
- 2. Puo- Intermittent
- 3. CHD- Congenital Heart Disease
- 4. AA Acute appendicitis
- 5. Epliepsy Convulsions (Injury, Fever)
- 6. Blood Disorders (Sickle cell Anemeia, Haemophillia)
- 7. Communicable Diseases (TB, Hepatitis A & B)
- 8. Skin Disease.

We further declare that our ward Master/Miss ______ doesn't have any previous medical history which required/still requires prolonged or intermittent periods of medical confinement either in a hospital/nursing home or in our house.

Certified that the information furnished above is true to the best of our knowledge. Any wilful suppression or false information the medical antecedents revealed later, would make the admission of our ward invalid and liable for actions as deemed fit by the Vidyalaya and Navodaya Vidyalaya Samiti.

PLACE:	FATHER'S SIGN
DATE:	NAME:
	MOTHER'S SIGN:
	NAME:
	ADDRESS:

DISABILITY CERTIFICATE

If the candidate is selected under disabled quota he/she should bring the certificate issued by the competent authority.

CATEGORY/COMMUNITY CERTIFICATE (OBC/SC/ST)

Category certificate in the prescribed format from the competent authority is to be submitted by the candidate, wherever necessary.

RURAL CERTIFICATE

(To be issued by t	he Rev	enue Officer of concer	rned Block)
This is to certify that M	aster/K	umari	
Son/Daughter of Shri _			studied classes
III,IV & V In		(Name	of the school) of
block		and the school is I	ocated in the village
which belongs	to	rural area of	District;,
State:	·		
		(Signature of	the Revenue Officer)
		Block:	
		District.	

Office Seal:

Dated:_____

RESIDENCE CERTIFICATE

(To be furnished by the parents of the qualified children at the time of admission to JNVs)

1	As per	Jawał	har Navoo	daya	Vidyalaya	ı, Distric	ct		,
State	let	ter No:			dat	ed:		my	ward
Master/Kum	nari	has	qualified	the	entrance	exam	for	admiss	ion to
Class VI at J	NV,District_			,State	e		for	the s	session
2020-21.									

I am residing along with my ward mentioned above at the following address:

/illage:
own:
District:
State:
PinCode:

*The area of residence falls under the Rural /Urban area of the district Certified that the information furnished by me is true and no fact has been concealed.

Signature of the parent_____

Fullname:_____

Address:_____

*Applicable for the students who seek admission through the studies in NIOS.

CERTIFICATE

(TO BE FILLED UP BY THE DISTRICT AUTHORITIES AND ISSUED UNDER THE SIGNATURE OF TEHSILDAR TO THE PARENTS OF THE CHILD SELECTED FOR ADMISSION TO CLASS VI IN JNVS THROUGH JNVST)

This is to certify that the above information furnished by Shri/Smt______Father/MotherofMaster/Kumari______a candidate for admission to class VI in JNV,District______has been verified from the records and is found to becorrect.

*The area where residence is located falls under (Rural/Urban) area of the district_____.

Signature of Tehsildar

(With Seal)

*Applicable for the students who seek admission through the studies in NIOS.