KENDRIYA VIDYALAYA SANGATHAN, VARANASI REGION

Application for Local transfer for the year 2023-24

(To be submitted in Triplicate in the KV where the student is presently studying)

	Transfer sought fr					
	Name of Student	(Capital Lette	er)	••••••		
	Sex		***	*****************	***************************************	**************
	Father's name		••••	***************************************	•••••••••••••••••	•••••
	Mother's name		•••			***************
	Class in which the	•	/ing	·····	***************************************	***************
	Date of admission				***********************	

	Reason for seeking	g transiei	•••		***************************************	••••••
	If siblings are stud documents)	ying in differe	ent KV, giv	e their compl	lete details (Attach	any relevant
SN		tudent	Class &	Name of th	hat Date of first Admission in	
			Sec	KV	pr	resent KV
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Approved/Not approved. (to be filled up by RO)