

17.	List of Family members with you:			
	Sl. No.	Name	Age	Relation
	01			
	02			
	03			
	04			
	05			
	06			

I declare that the above information is true to the best of my knowledge and belief.

Place:

(Signature of the Applicant)

Dated:

CERTIFICATE

This is certified that particulars furnished by Shri/Smt/Ms _____ (Desig) _____ are correct as per his/her service record. He/She had changed/has not changed his/her Home Town before in his/her entire service.

Date _____

Kendriya Vidyalaya _____

(PRINCIPAL)

(Seal)

COUNTERSIGNATURE WITH RECOMMENDATIONS

DEPUTY COMMISSIONER,
(Seal)