



# KENDRIYA VIDYALAYA SAHARSA

## ADMISSION FORM 2023-24 (XI)

Office use	
Reg No	
Date	

**Details of students seeking for Admission in Kendriya Vidyalaya Saharsa in Class XI  
Science/Commerce**

Name of students:.....

Date of Birth:.....

Father's Name:.....

Paste Photo

Address:.....

.....Aadhar Card No.....Mob No:.....

School from where passed Class X(Tenth)(KV/NON- KV):.....

Whether the school recognized by CBSE/ICSE/BSEB Board:.....

Belong to  SC/ST/OBC/GEN: Single Girl  PH

S.No	Subject	Marks/G.P Obtained
1	Math	
2	Science	
3	S.st	
4	English	
5	Hindi/Sans	
6	Total percentage	

**Science:-**

Group A:- (1) English(2)Biology(3)Physics(4)Chemistry(5)Hindi.

Group B:- (1) English(2)Maths(3)Physics(4)Chemistry(5)Comp.Sc.

Group C:- (1) English(2)Maths(3)Physics(4)Chemistry(5)Biology.

**Commerce:-**

Group A:-(1) English(2)Hindi(3)Economics(4)Business St(5)Accountancy

GroupB:-(1)English(2)Maths(3)Economics(4)Business St(5) Accountancy

**Subject opted for studies:- Please**

√ (tick) the group you opt

My Option-1

Science(A)  (B)  (C)

Option-2

Commerce(A)  (B)

**EMPLOYMENT DETAILS OF FATHER MOTHER:**

1	Post:		
2	Name of office		
3	Address of office with Ph no		
4	CENTRAL /AUTONOMOUS /STATE		

**Signature of Parents**

**Signature of Candidate**

**Note: Submit Dully filled form along with downloaded marks sheet of class X (2022-23),Adhar card,Cast certificate,address proof & Service Certificate (Central/ State Govt)**

**ANNEXURE – I**

**Self-Declaration Format**

I \_\_\_\_\_, Father/Mother of Master/Miss \_\_\_\_\_ age \_\_\_\_\_ years, resident of \_\_\_\_\_ (complete address), do hereby declare that the information given in admission form of the admission in Kendriya Vidyalaya, \_\_\_\_\_ and in the enclosed documents is true to the best of my knowledge and belief and nothing has been concealed therein. I am well aware of the fact that if the information given by me is proved false / not true at any point of time, admission will be cancelled and I will be liable to legal actions as per guidelines of KVS and any benefit accrued by me or my ward shall be summarily cancelled.

Date:

Place:

Signature of the Parent/Guardian