

APPLICATION FORM

(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: _____

PHOTO
of student

2. Sex

Male	Female	TG

3. (a) Category

Gen	BC	SC	ST

(b) Caste

: _____

4. Date of Birth

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.:

(NOTE FOR THE HEAD OF THE SCHOOL: - 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 _____ (date) and passed Class _____ on _____ (date).

Signature of the Head of Institution

last studied with School Seal

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 2021-22 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

Address of parent/guardian:

Name _____

Street _____

Village _____

Mandal/Block _____

Pin Code: _____

STD Code: _____ Phone No _____

Mobile No: _____

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)

I, _____ Father/Mother/Guardian of Kumari/Master
_____ who got selected for admission in Class VI in JNV,
District _____ hereby give an undertaking that I understand that, for promotion
of National Integration and as per the scheme at JNVs, 30% of the students of class IX
from one JNV have to migrate to another JNV from non-Hindi speaking area to Hindi
speaking area and vice-versa and I agree to abide by the rules of NVS in this regard.

Signature of the parent/guardian

Fullname: _____

Address: _____

Mobile No: _____

Land line with STDcode: _____

MEDICAL FITNESS CERTIFICATE

JAWAHAR NAVODAYA VIDYALAYA

DISTRICT: _____

01. Name of candidate : _____
02. Father's name : _____
03. Address : _____

04. Date of birth _____
05. Height _____
06. Weight _____
07. Abdomen _____
08. Chest _____
09. Vision LEFT _____ RIGHT _____
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) & Smt._____ (mother),
the parents of Master/Miss _____, selected
_____ 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 on 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 AREA CERTIFICATE

(To be issued by the Revenue Officer of concerned Block)

This is to certify that Master/Kumari _____
Son/Daughter of Shri _____ studied classes
III, IV & V In _____(Name of the school) of
block _____and the school is located 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)

As per Jawahar Navodaya Vidyalaya, District _____,
State _____ letter No: _____ dated: _____ my ward
Master/Kumari _____ has qualified the entrance exam for admission to
Class VI at JNV, District _____, State _____ for the session
2021-22.

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

Village: _____

Town: _____

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 _____

Full name: _____

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/Mother of Master/Kumari_____
a candidate for admission to class VI in JNV, District_____has been verified
from the records and is found to be correct.

*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.