Navodaya Vidyalaya Samiti

NOTICE

Select list of students for admission to Class VI through JNVST-2020 has been released. The parents/guardians of selected students may take the following steps for admission to Jawahar Navodaya Vidyalaya:

- 1. Formats for submission of details may be downloaded
- 2. Filled in formats are to be submitted to the Principal of JNV concerned as per schedule.
- 3. Certificates from the competent authority in respect of Rural, OBC, SC, ST and Disability as applicable are to be submitted to the JNV for verification of documents / eligibility to confirm admission to Class VI.

After verification, JNVs will confirm the admission, if the candidate found eligible as per NVS norms.

It is informed that admission will be given to the selected candidates only after due verification of the documents. Parents are advised not to take TC from the previous school until the admission is confirmed by the JNV. Admission to JNVs is done free of cost. No fee is to be paid to school authority for admission to Class VI. The parents/students are required to approach directly the Principal of the JNVconcerned.

For any complaints in the process of admission, E-mail may be sent to <u>acjnvst.nvs@gov.in</u>

(<u>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</u>)

	Name of the Candidate:					
ļ	Aadhar Number:					
						PHOTO
2. S	ex	Male	Female	TG		of student
3. (a)Category		Tono	l a o	Lot	1
		Gen	OBC	SC	ST	
(k	o)Caste	:				I
4. C	oate ofBirth					
2		Date	Month	Year		
_	acts of Dirth in Words					
L	oate of Birth in Words	•				
	ather's Name	:				
6. N	Nother's Name	:				
		<u> </u>				
	lame of the Guardian and					
re	elationship with him/her, if ap	•	e:			
re		•	e:	ss III, IV an		
8. S	elationship with him/her, if ap chool(s) from where the can Particulars	•	e:	ss III, IV an	d V.	V
8. S	elationship with him/her, if ap chool(s) from where the can	•	e:_ passed Cla	ss III, IV an	d V. _ASSES	
8. S	elationship with him/her, if ap chool(s) from where the can Particulars	•	e:_ passed Cla	ss III, IV an	d V. _ASSES	
8. S	elationship with him/her, if ap chool(s) from where the can Particulars (i) Month & Year of Joining	•	e:_ passed Cla	ss III, IV an	d V. _ASSES	
8. S	elationship with him/her, if apchool(s) from where the can Particulars (i) Month & Year of Joining (ii) Month & Year of Passing	ididate p	e:_ passed Cla	ss III, IV an	d V. _ASSES	
8. S	elationship with him/her, if apchool(s) from where the can Particulars (i) Month & Year of Joining (ii) Month & Year of Passing (i) Name of the School	res/NO)	e:_ passed Cla	ss III, IV an	d V. _ASSES	
(A)	elationship with him/her, if appendix chool(s) from where the can Particulars (i) Month & Year of Joining (ii) Month & Year of Passing (i) Name of the School (ii) Is It a recognized school? (Name of the Village or Town in	res/NO)	e:_ passed Cla	ss III, IV an	d V. _ASSES	
(A) (B)	elationship with him/her, if apchool(s) from where the can Particulars (i) Month & Year of Joining (ii) Month & Year of Passing (i) Name of the School (ii) Is It a recognized school? (Name of the Village or Town in school is located.	res/NO)	e:_ passed Cla	ss III, IV an	d V. _ASSES	

(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.

					Signo	ature of PA	RENT/GUARD	IAN
Entries ve	rified, certified	d and fo	ound correct					
Signature	of the HEADN	MASTER/	'HEADMISTRE	- SS				
Name:								
					S	chool Seal	:	
Desgn.:_								
	OR THE HEAD respect of c	andida		l for o	admission	in JNV in t	he respectiv	
		CLKIII	TC/ (IL DI II	<u> </u>	71D OF 111L	1001	<u> </u>	
Ce school	ertified that the records.		is also	,	certified	that	•	mari
	(date) and p	assed Class_					
(date).								
				S	ignature o	f the Head	I of Institution	
					last stuc	died with So	chool Seal	
Date:								

UNDERTAKING BY THE PARENT/ GUARDIAN

Class VI in Jawahar Navodaya Vidyala 2020-21 for my ward is true to the best of the information furnished by me is for cancelled at any time. I am ready to	iven in the application form for admission into ya,District:for the academic year of my knowledge and belief. In case any part ound incorrect, admission of my ward may be produce relevant certificates issued by the hen asked in support of entries in my original
	Signature of the parent/Guardian
Address of parent/guardian:	
Name:	
H	
No:	
Street	
Village	
Mandal/Block	
Pin Code:	
STDCode:PhoneNo	
MobileNo:	
UN	DERTAKING
Navodaya Vidyalaya,Dist	Mother/ Guardian) of Kumari/Master elected for admission into Class VI in Jawahar rict hereby give an undertaking that I am m Class-IX to XII every month as per norms of
	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 promot						
of National Integra	ion 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 thisregard.					
	Signature of the parent/guardian					
	Fullname:					
	Address:					
	MobileNo:					
	Land line with STDcode:					

		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	
		CIVII SURGEON

JAWAHAR NAVODAYA VIDYALAYA:DISTRICT:_____

MEDICAL ANTECEDENTS

UNDERTAKING

We, Shri (father) &Sh	rimati
(mother), the parents of Master/Miss	
selected 01010102416	
do hereby declare that our ward de	oesn'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, Haemophilli	a)
7. Communicable Diseases (TB, Hepatitis A & B)	
8. Skin Disease.	
We further declare that our ward Master/Miss medical history which required/still requires prolonged confinement either in a hospital/nursing home or in of Certified that the information furnished above is true to wilful suppression or false information the medical make the admission of our ward invalid and liable for	d or intermittent periods of medical our house. to the best of our knowledge. Any antecedents revealed later, would
Vidyalaya and Navodaya Vidyalaya Samiti.	actions as deemed in by the
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 the Revenue Officer of concerned Block)

This is to certify that Mo	aster/K	umari
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 N	lavodayo	. Vidyalayc	ı, Distric	ct		
State	letter No:		dat	ed:		m	y warc
Master/Kumari	has qual	ified the	entrance	exam	for	admi	ssion to
Class VI at JNV,D	istrict	,Stat	e		_for	the	session
2020-21.							
	ng along with my	ward mer	ntioned ab	ove at	the		
following address	: :						
Village:			_				
Town:			<u> </u>				
State:							
PinCode:_							
					£ 11	المائدة المائدة	_1
	dence falls unde e information furr		•				
		Signatur	e ofthepar	rent			
		Fullnam	e:				
		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/S	mt				Fat	her/Mo	otherofMa	ster/Kumari		
а сс	ndidat	te foi	r adr	nission to	class \	/I in JN	IV,District_	hc	as been verif	ied
from	the rec	cords	and	is found t	o becor	rect.				
*The	area w	here	resic	dence is	located	d falls	under (Ru	ıral/Urban) are	ea of the	
distric	:t				_•					
							S	ignature of Teh	nsildar	
								/\\/!tb C o al\		
								(With Seal)		
*^^~	licable	for t	ho st	ıdantı vıl	20 50015	admiss	ion throug	gh the studies in	2011/1	
$\neg \land \lor \lor$	IICANIE	, 101 H	110 216	MEIIIS WI	10 2CCK	UUIII 1133		11 11 10 2 10 CHG2 II	i iniO3.	