



NAVAL KINDERGARTEN

Varunapuri, Vasco-da-Gama, Goa - 403802
NES Affiliation No S-17639/87 / Registered by Govt. of Goa
Tel. No.: (0832) 2531356 Mobile No.: 9422475018
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ADMISSION FORM

For Office use only:

FORM NO.: _____

DATE: _____

ADMISSION NO.: _____

I

Class Admission sought in PreKG (Balvatika 1) LKG (Balvatika 2) UKG (Balvatika 3)
(Age min 03 years) (Age min 04 years) (Age min 05 years)

1. Name of Student : _____
2. Date of Birth (DD/MM/YYYY) : _____
3. Age as on 31 Mar 2024 : _____ Years _____ Months
4. Gender (Male / Female) : _____
5. Local Address of Student : _____
6. Father's Name : _____
7. Father's Occupation and Designation : _____
(Service Personnel, kindly mention Unit Name, Rank and Personal Number)
8. Father's Mobile / WhatsApp Number : _____
9. Father's e-mail ID : _____
10. Mother's Name : _____
11. Mother's Occupation and Designation : _____
(Service Personnel, kindly mention Unit Name, Rank and Personal Number)
12. Mother's Mobile / WhatsApp Number : _____
13. Mother's e-mail ID : _____
14. Name of Emergency Contact & Relationship : _____
to the Student
15. Mobile Number of Emergency Contact : _____
16. Does your child have any special : _____
needs/allergies that may require special attention. If yes, please specify _____
17. Monthly income of Parents : _____
18. Is this your child's first experience at : _____
school. If not, kindly mention the school last attended _____
19. Class in which Child was studying in : _____
previous school
20. Medium of instruction in previous school : _____
21. Number & Date of Transfer Certificate : _____

Documents to be submitted:

1. Self-attested copy of Birth Certificate (Original to be shown for verification).
2. Form 2A duly filled with signature and seal of Medical Officer. (Form 2A is available at school office and on website).
3. Recent Passport size photograph of the child – 02 in nos.
4. Note: a). Admission in this School does not ensure Admission to 1st standard in Navy Children School.
b). After submission of duly filled forms, date and time will be intimated to you for interview with the Headmistress and onward procedure of admission.

II

I hereby declare that the particulars furnished in this application form are correct to the best of my knowledge. I also declare that the date of birth of the pupil furnished at Point 02 above is correct.

Place:

Date:

Signature of Parent/Guardian

III
SIGNATURE OF HOD / CO / OIC

(Applicable to all serving Navy/Airforce/Army/Coast Guard and Defence Civilian personnel and to be signed by Commanding Officer/Head of Department / Oi/C of the Unit)

Certified that the particulars provided by _____

Rank: _____ No: _____ have been verified from the office records and are found to be correct.

Office Seal: _____ Signature: _____
Date: _____ Rank & Name: _____
Designation: _____

IV
NEP UNDERTAKING FROM PARENT / LEGAL GUARDIAN (AY 2024-25)

1. I, _____ parent/ legal guardian of _____ (name of student) studying / admitted in Class _____ Sec _____ (AY 2024-25) at Naval Kindergarten, Goa hereby declare that I am fully aware about implementation of new age criteria as per NEP 2020 implemented differently by Kendriya Vidyalaya (KVs) and Naval Schools.

2. I will not hold the Naval School / Navy Education Society / Indian Navy responsible for encountering any difficulty in securing admission in KVs for my ward in future. I will adhere to the changes in age criteria, implemented at all Naval Schools.

Place _____ Signature of Parent / Legal Guardian _____
Date _____ Name of Parent / Legal Guardian _____
Mobile No. _____

V
HEADMISTRESS' REMARKS

- All documents and date of birth are verified.
- Pension Book of Ex-service personnel checked and found correct.
- Admitted _____ in Class/Sec _____ on _____ 2024/25.

SWAPNA THAKUR
(HEADMISTRESS)

VI
FOR OFFICE USE ONLY

Date of Admission		Admission to Std	
Admission Number		Category	

ID Card – Given / Not given

Escort Pass – Given / Not given

Almanac – Given / Not given

Calendar – Given / Not given

School Seal

Date

Signature of Office Assistant



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FORM 2A
(IN CONTINUATION TO THE ADMISSION FORM)

VII
MEDICAL FITNESS CERTIFICATE

(To be obtained only from Gazetted Government Medical Officer / Medical Officer of Govt Undertaking)
(Kindly fill in Block Letters)

Name of Student:	_____		
Father's Name:	_____	Mother's Name:	_____
Blood Group:	_____	Teeth:	_____
Height:	_____	Weight:	_____
Chest (in cms):	_____	Head (in cms):	_____
Vision (left eye):	_____	Vision (right eye):	_____
Hearing:	_____	Speech:	_____
Allergies, if any:	_____ _____		
Any special condition:	_____ _____		
Any other remarks:	_____ _____		
After careful personal examination of the case, I do hereby certify that _____ son / daughter of _____ is found physically fit to undergo conventional schooling.			
Name of Doctor:	_____	Mobile No.:	_____
Name of Hospital:	_____	Date & Seal:	_____

VIII
FOR OFFICE USE ONLY
(TO BE SUBMITTED TO CLASS TEACHER)

Admitted _____ in Class/Sec _____ on _____ 2024/25.
ID Card – Given / Not given
Escort Pass – Given / Not given
Almanac – Given / Not given
Calendar – Given / Not given

School Seal

Date

Signature of Office Assistant