



# NAVAL KINDERGARTEN

Varunapuri, Vasco-da-Gama, Goa - 403802  
NES Affiliation No S-17639/87 / Registered by Govt. of Goa  
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## ADMISSION FORM (CIVILIAN CATEGORY)

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 : \_\_\_\_\_
8. Father's Mobile / WhatsApp Number : \_\_\_\_\_
9. Father's e-mail ID : \_\_\_\_\_
10. Mother's Name : \_\_\_\_\_
11. Mother's Occupation and Designation : \_\_\_\_\_
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 : \_\_\_\_\_

II

### 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 School website).
3. Recent Passport size photograph of the child – 02 in nos.
4. Note: a). Admission in this School does not ensure Admission to 1<sup>st</sup> 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.

III

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

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 \_\_\_\_\_

Date \_\_\_\_\_

Signature of Parent / Legal Guardian \_\_\_\_\_

Name of Parent / Legal Guardian \_\_\_\_\_

Mobile No. \_\_\_\_\_

V

**HEADMISTRESS' REMARKS**

1. All documents and date of birth are verified.  
2. Pension Book of Ex-service personnel checked and found correct.  
3. 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