

Affiliation No - 531524

School Code - 41493

SR NO : 0000

Admission No: MOS/2017/00000

## TRANSFER CERTIFICATE

1. Name of pupil: \_\_\_\_\_
2. Father's / Guardian's Name: \_\_\_\_\_
3. Mother's Name: \_\_\_\_\_
4. Nationality: \_\_\_\_\_
5. Whether the candidate belongs to Schedule Caste or Schedule Tribe: \_\_\_\_\_
6. Date of first admission in school with class: \_\_\_\_\_
7. Date of Birth according to admission Register: (In figures) \_\_\_\_\_ (In words) \_\_\_\_\_
8. Class in which the pupil Last studied: (In figures) \_\_\_\_\_ (In words) \_\_\_\_\_
9. School/board Annual examination last taken with results: \_\_\_\_\_
10. Whether failed, if so once / twice in the same class: \_\_\_\_\_
11. Subject studied: \_\_\_\_\_
12. Whether qualified for promotion to higher class: \_\_\_\_\_. If so, to, which class (in figures.) I. (in words) \_\_\_\_\_.
13. Month up to which the (pupil has paid) School dues/paid: \_\_\_\_\_
14. Total No. of working days: \_\_\_\_\_
15. Total No. of working days Present: \_\_\_\_\_
16. General Conduct: \_\_\_\_\_
17. Date of application of certificate: \_\_\_\_\_
18. Date of issue of certificate: \_\_\_\_\_
19. Reasons for leaving school: \_\_\_\_\_

Signature of Class Teacher

Checked By  
(State full name & Designation)

Principal