

## SAINIK SCHOOL KAPURTHALA PUNJAB - 144 601

Telephone:

01822-232532 (Principal)

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sskapurthala@yahoo.com

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(Affiliated to CBSE Delhi vide Affiliation No 1630034, (Old), 1680001 (New) School No 04539)

## FORMAT OF TRANSFER CERTIFICATE

Book No: IV SI No: 9	Admission No: 7375
1. Name of the Pupil	YASH RAJ
2. Father's Name / Guardian's Name	RAJEEV RANJAN ►
3. Mother's Name	MAMTA KUMARI
4. Nationality	INDIAN
5. Whether belongs to Scheduled Caste / Schedule Tribe	e No
6. Date of first admission in this school with class	01/05/2015 Class - VI (SIXTH)
7. Date of Birth (in Christian Era) according to Admission Register (in figure & words)	01-03-2005 First March Two Thousand Five
8. Class in which the pupil last studied in (figure & word	s) VI (Sixth)
9. School/Board Annual Examination last taken with resu	ult
10. Whether failed, if so once/twice in the same class	<del></del> -
11. Subjects Studied	English, Hindi Punjabi, Maths, Science & Social Science
12. Whether qualified for promotion to the higher class if so, to which class (in figure & words)	NA
13. Month upto which the (pupil has paid) school dues pa	id Jul 2015
14. Any Fee concession availed, If so the nature of such	NA
15. Total No. of working days	220 Days in a year
16. Total No. of working days present	10 Days ✓
17. Whether NCC Cadet / Boy Scout/ Girl Guide Details may be given)	NA
8. Games played or extra-curricular activities in which the pupil usually took part (mention chievement level therein)	NA
9. General conduct	leto de la companya della companya d
0. Date of application for certificate	01-06-2015
1. Date of issue of certificate	01-06-2015
2. Reason for leaving the school	On Parents Request
3. Any other remarks	Paid all school dues

Signature of Class Teacher

Checked by (State full name and designation) Col Principal

Sainlik School, Kapurthala