الـمدرســـة الهنــدية ـ صحار

INDIAN SCHOOL SOHAR

P.O. Box : 846, Postal Code : 311, Sohar, Sultanate of Oman
Tel. : 26841885, Fax : 26844504, e-mail : inscohar@omantel.net.om
Website: www.indianschoolsohar.com
(Affiliated to Central Board of Secondary Education, New Delhi)

TRANSFER CERTIFICATE

Affiliation No. 6130006   School Code . FS 72605

Book No.   16   Sl.No. 7536   Admission No.   10014

1. Name of Pupil :   **ROHETA SUBASH CHANDRAN**

2. Mother's Name :   **SINDHU KRISHNAN**

3. Father's / Guardian's Name :   **SUBASH CHANDRAN NARAYANAN**

4. Date of Birth (in Christian Era) according to Admission & Withdrawal Register :

   (in figures) :21/12/2011   (in words):   **TWENTY ONE DECEMBER TWO THOUSAND ELEVEN**

5. Nationality **INDIAN**

6. Whether the candidate belongs to Schedule Caste or Schedule Tribe or OBC :   **N/A**

7. Date of first admission in the school with class :   **20/02/16 UKG**

8. Class in which the pupil last studied (in figures):   **I**   (in words):   **I**

9. School/Board Annual examination last taken with result :   **I,PASS**

10. Whether failed, if so once/twice in the same class :   **N/A**

11. Subjects Studied: **ENGLISH, MATHEMATICS,EVS, HINDI**

12. Whether qualified for promotion to the higher class :   **YES**

    also to which class (in fig.):   **II**   (in words):   **II**

13. Month upto which the pupil has paid school dues :   **Mar-18**

14. Any fee concession availed of. If so, the nature of such concession: **NO**

15. Total No. of working days in the academic session :   **182**

16. Total No. of working days pupil present in the school :   **176**

17. Whether NCC Cadet/Boy Scout/Girl Guide (details may be given):   **--**

18. Games played or extra curricular activities in which the pupil usually took part :   **--**

    (mention achievement level therein)**ART & MUSIC**

19. General conduct :   **GOOD**

20. Date of application for certificate :**18/02/18**

21. Date of issue of certificate: **12/03/18**

22. Reasons for leaving the school: **PARENT'S REQUEST**

23. Any other remarks: **NO**

Signature of
Class Teacher

Checked by
(with full name and designation)

Signature of Principal with date
School Seal