الـمدرسـة الهنـدية . 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. **17** Sl.No. **7670** Admission No. **7990**

1. Name of Pupil : **HARENEE SREE SUBASHCHANDRAN**

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

3. Father's / Guardian's Name : **NARAYANAN SUBASHCHANDRAN**

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

   (in figures): **21/08/2006** (in words): **TWENTY ONE AUGUST TWO THOUSAND SIX**

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 : **07/04/13 II**

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

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

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

11. Subjects Studied: **ENGLISH, MATHEMATICS, HINDI, SCIENCE, SOCIAL SCIENCE, ARABIC**

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

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

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: **179**

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

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 : **18/03/18**

21. Date of issue of certificate: **25/03/18**

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

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