

## 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.

SI.No. 7796

Admission No.

8838

Name of Pupil:

MOHAMMED FARAZ MAMMASRAIYILLATH NAZAR

Mother's Name: 2.

**GASHEERA NAZAR** 

Father's / Guardian's Name: 3.

MAMMASRAIYILLATH KUNHIMOIDEEN NAZAR

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

(in figures):17/08/2006

(in words):

SEVENTEEN AUGUST TWO THOUSAND SIX

Nationality INDIAN 5.

Whether the candidate belongs to Schedule Caste or Schedule Tribe or OBC: 6.

N/A

Date of first admission in the school with class: 24/03/14 III 7.

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

(in words):

SIX

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

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

N/A

11. Subjects Studied:

ENGLISH, MATHEMATICS, HINDI, SCIENCE, SOCIAL SCIENCE, ARABIC

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

also to which class (in fig.):

(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:

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

182 156

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

**BOY SCOUT** 

الهندير

P.O.Box: 845

SOHAR: 31 Sultanate of Omar

on School

NO

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: 25/03/18

21. Date of issue of certificate:

28/03/18

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

23. Any other remarks:

ked by

(with full name and designation)

Signature of Principal with date School Seal

Class Teacher