الـمدرســة 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.   19   Sl.No. **7853**   Admission No.   **3039**

1. Name of Pupil :   **ASAPH JOSEPH KADAVUNKAL**

2. Mother's Name :   **AMBILY JOSEPH KADAVUNKAL**

3. Father's / Guardian's Name :   **KADAVUNKAL JACOB JOSEPH**

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

   (in figures) : **12/01/2001**   (in words):   **TWELVE JANUARY TWO THOUSAND ONE**

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 : **12/05/2005 LKG**

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

9. School/Board Annual examination last taken with result : **CLASS X, RESULT AWAITED**

10. Whether failed, if so once/twice in the same class :   **NO**

11. Subjects Studied: **1) ENGLISH 2) ARABIC 3)MATHS 4) SCIENCE 5) SOCIAL SCIENCE**

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

    also to which class (in fig.):   --   (in words):   --

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: **194**

16. Total No. of working days pupil present in the school :   **187**

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

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

    (mention achievement level therein):   --

19. General conduct :   **GOOD**

20. Date of application for certificate : **04/04/18**

21. Date of issue of certificate: **05/04/18**

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

23. Any other remarks: **NO**

P.O.Box : 846
SOHAR : 311
Sultanate of Oman

Signature of
Class Teacher

Checked by
(with full name and designation)

Signature of Principal with date
School Seal