المـدرسـة الهنـدية 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. **20**   Sl.No. **7904**   Admission No.   **10873**

1. Name of Pupil :   **LINETTE EUGENIA BURROWS**

2. Mother's Name :   **JOSEPH CHRISTINA**

3. Father's / Guardian's Name :   **ELVIS BURROWS**

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

    (in figures) **28/06/2003**   (in words):   **TWENTY EIGHT JUNE TWO THOUSAND THREE**

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 **08/04/2017 IX**

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

9. School/Board Annual examination last taken with result :   **LEFT WHILE STUDYING**

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

11. Subjects Studied: **1) ENGLISH 2) HINDI 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 :   **Apr-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: **9**

16. Total No. of working days pupil present in the school :   **8**

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 :   **ART**

    (mention achievement level therein):   **--**

19. General conduct :   **GOOD**

20. Date of application for certificate : **16/04/18**

21. Date of issue of certificate: **17/04/18**

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

18 . 4 . 18 .