

## المدرسة الهندية. 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

<b>Affiliation</b>	on No	6130	006
/ umau	OII 110.	9100	

School Code, FS 72605

	Book No. 20		SI.No.	7922	Adr	nission No.	10865	5		
1.	Name of Pupil	l: M	UHAMMA	D SAMEEL KAL	ATHIL THODY	1				
2.	Mother's Nam	ne: LU	IBINA ABD	UL KAREEM						
3.	Father's / Guardian's Name : ABDUL KAREEM KALATHIL THODY									
4.	Date of Birth (	in Christia	an Era) a	ccording to A	dmission &	Withdrawal Reg	ister:			
	(in figures):01/	/09/2003	(in wor	ds):	ONE SEPT	EMBER TWO THOU	SAND THREE			
5.	Nationality เทย	DIAN								
6.	Whether the o	candidate	belongs	to Schedule	Caste or So	hedule Tribe or (	OBC:	N/A		
7.	Date of first a	dmission i	in the sch	nool with clas	s :26/03/201	7 IX				
8.	Class in which	h the pupi	l last stud	died (in figure	es): X	(in words):	TENTH			
9.	School/Board	Annual e	xaminatio	on last taken	with result :	LEFT WHILE STU	DYING			
10.	Whether failed	d, if so on	ce/twice	in the same o	class :	NO				
11.	Subjects Stud	lied: 1)	ENGLISH :	2) ARABIC 3)M	ATHS 4) SCIEI	NCE 5) SOCIAL SCIEI	NCE			
12.	Whether qual	ified for pa	romotion	to the higher	class:	•••				
	also to which	class (in f	īg.): -	in wo	rds):					
13.	Month upto w	hich the p	upil has	paid school o	lues:	Apr-18				
14.	Any fee conce	ession ava	ailed of. If	f so, the natu	ure of such	concession:	NO			
15.	Total No. of w	orking da	ys in the	academic se	ssion:	10				
16.	Total No. of w	orking da	ys pupil p	present in the	school:	7				
17.	Whether NCC	Cadet/B	oy Scout	/Girl Guide (d	details may	be given):				
18.	Games playe	d or extra	curricula	r activities in	which the p	oupil usually took	part:	ART		
	(mention achi	ievement	level ther	ein):						
19.	General cond	luct : G	OOD			0.11	·			
20.	Date of applic	cation for	certificate	: 16/04/18		Dr. Janes	The state of the s			
21.	Date of issue	of certific	ate:	17/04/18		7 P.O.Box : 846	*			

Signature of Class Teacher

23. Any other remarks:

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

Checked by (with full name and designation)

Signature of Principal with date School Seal

18.4.18

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