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. 22   Sl.No. 8180   Admission No.   4131

1. Name of Pupil : **LAKSHMI**

2. Mother's Name : **JYOTHI MURALEEDAS**

3. Father's / Guardian's Name : **MURALEEDAS PUTHAN VEETTIL**

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

   (in figures) : **11/09/2002**   (in words) : **ELEVEN SEPTEMBER TWO THOUSAND TWO**

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 : **16/07/2007   CLASS- UKG**

8. Class in which the pupil last studied (in figures): **XI**   (in words) : **ELEVENTH**

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

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

11. Subjects Studied: **1) ENGLISH 2) PHYSICS 3) CHEMISTRY 4)MATHEMATICS 5)INFORMATICS PRACTICES**

12. Whether qualified for promotion to the higher class : **NO**

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

13. Month upto which the pupil has paid school dues : **Jul-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 : **42**

16. Total No. of working days pupil present in the school : **39**

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): **--**

19. General conduct : **GOOD**

20. Date of application for certificate : **30/07/2018**

21. Date of issue of certificate : **31/07/2018**

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