

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

	Affiliation No. 6130006					School Code . FS 72605		
	Book No.	SI.No. 8	034	Admi	ission No.		5044	
1.	Name of Pupil:	BHARTI PRASAD						
2.	Mother's Name :	RENU PRASAD						
3.	Father's / Guardian's Name : VIJAY KUMAR PRASAD							
4.	Date of Birth (in Chris	tian Era) accor	ding to Admi	ssion & \	Nithdrawal Re	gister:		
	(in figures):17/06//200	o (in words):		SEVENT	EEN JUNE TWO	THOUSAND)	
5.	Nationality:							
6.	Whether the candidate belongs to Schedule Caste or Schedule Tribe or OBC:							
7.	Date of first admission	n in the school	with class:08	3/11/2008	111			
8.	Class in which the pu			XII	(in words):		TWELVE	
9.	School/Board Annual examination last taken with result :							
10.	Whether failed, if so once/twice in the same class :							
11.	Subjects Studied:	1) ENGLISH 2)PH	YSICS 3)CHEMI	STRY 4)M	ATHS 5) I.P.			
12.	Whether qualified for	promotion to th	e higher cla	ss:				
	also to which class (in	n fig.):	(in words)	: ₁₁	60 to 10 to			
13.	Month upto which the	pupil has paid	school dues	3.5	Mar-18			
14.	Any fee concession a	vailed of. If so,	the nature	of such c	oncession:	NO		
15.	Total No. of working of	days in the acad	demic sessio	in:	219			
16.	Total No. of working of	days pupil pres	ent in the sch	nool:	199			
17.	Whether NCC Cadet/Boy Scout/Girl Guide (details may be given): GIRL GUIDE							
18.	Games played or extra curricular activities in which the pupil usually took part:							
	(mention achievemen	nt level therein)						
19.	General conduct :	GOOD			. customer			
20.	Date of application for	or certificate:28,	' 05/18		Total Said	The state of the s		
21.	Date of issue of certif	ficate: 28,	/05/18		7 P.O.E	lox: 846	}	

Signature of Class Teacher

23. Any other remarks: NO

22. Reasons for leaving the school: STUDIES COMPLETED

(with full name and designation)

Signature of Principal with date School Seal

Jojan School