



Book No.	SL No.	Admission No.
04	SS/1819/TV-102	SS/1819/A IV-196

Shamit Octozone, Guf no. Octozone, Guf No. 45, Nakshtrawadi, Aurangabad - 431 002 | Affiliated to Central Board of Secondary Education, New Delhi
 Affiliation No. 1130765 | School Code 45608 | Mob: 9272216888 | www.shamitschool.com

TRANSFER CERTIFICATE

Name of the Pupil in full	GAURAVI VIJAY BHAMARE <small>First Name Middle Name Last Name</small>
Name of the Mother in full	SARIKA VIJAY BHAMARE
Name of the Father/Guardian in full	VIJAY UDDHAY BHAMARE
Date of First Admission in the school with class	27-07-2018 (IV) <small>DD MM YYYY</small>
Date of Birth (in figure and words)	14-06-2009 FOURTEEN JUNE TWO THOUSAND NINE <small>DD MM YYYY</small>
Whether the candidate belongs to	<input type="checkbox"/> SC <input type="checkbox"/> ST <input checked="" type="checkbox"/> OBC Others -
Sex: <input type="checkbox"/> M <input checked="" type="checkbox"/> F Nationality: INDIAN Religion: HINDU Caste: SHIMPI Sub caste: -	
Last School Attended	SHRI MAHAVIR ENG. MED. SCHOOL.
Date of Pupil's last attendance at school	21-09-2018 <small>DD MM YYYY</small>
Standard in which the pupil was studying at the time of leaving the school (in words)	FOURTH
School /Board Annual Examination last taken with result	CBSE BOARD
Total number of working days in the academic session	208 days
Total number of working days pupil present in the school	32 days
Subjects Studied	1. ENG 2. HINDI 3. MAR 4. MATH 5. SCI 6. COMP 7. - 8. -
Games played or Extracurricular activities in which the pupil usually took part	MUSIC, DANCE, SPORTS, ART & CRAFT.
Whether NCC cadet /Boy Scout /Girl Guide (details may be given)	<input checked="" type="checkbox"/> Yes <input checked="" type="checkbox"/> No If yes, Please Specify-
Whether the pupil has paid all the fee dues to the school*	<input checked="" type="checkbox"/> Yes <input checked="" type="checkbox"/> No If yes, Upto Which Month-
Any Fee concession availed	<input checked="" type="checkbox"/> Yes <input checked="" type="checkbox"/> No If yes, Please Specify <input type="checkbox"/> R.T.E. <input type="checkbox"/> Staff Child Others -
Date on which the application for the Transfer Certificate has received	28-09-2018 <small>DD MM YYYY</small>
Date of issue of Transfer Certificate	01-11-2018 <small>DD MM YYYY</small>
Whether failed, if so once/twice in the same class	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
Progress	GOOD
Conduct #	GOOD
Whether qualified to the promotion to the higher class, if so to which class?	NO (AS THE CHILD HAS COMPLETED ONLY TERM I OF 2018-19 SESSION)
Reasons for leaving the school	PARENT'S WISH
New school admitted to	SHRI MAHAVIR ENG. MED. SCHOOL
Any other remarks	-

Certificate from Receiver: I hereby certify to the best of my knowledge, the information written above is correct

Date: 01/11/2018
 Class Teacher's Signature

Checked by
 (Full name and designation)

Principal's Signature
 with date and school seal

Received by
 Name and signature

Prepared by
 signature

* According to Secondary School Code Section 29.1, the school is entitled to refuse the issuing of leaving certificate in case of nonpayment of fee and/or other dues

According to Secondary School Code Section 29.1, the school is entitled to refuse the issuing of leaving certificate in case of rustication by the Principal or Management of the school under rule 34.