



SHIV SHAKTI LUXMI MEMORIAL HIGH SCHOOL

Chopra Garden, Yamuna Nagar 135 001. Phone : 01732-254464

Affiliated to C.B.S.E.
Affiliation Code - 530781

School No. 440

Book No. 002

Sl. No. 028

Admission No.

TRANSFER CERTIFICATE

1. Name of Pupil
2. Fathers/Guardian's Name
3. Mother's Name
4. Nationality
5. Whether the candidate belongs to Schedule Caste or Schedule Tribe
6. Date of first admission in the School with class
7. Date of birth (in Christian Era) according to Admission Register
(in figures)..... (in words).....
8. Class in which the pupil last studied (in figures).....(in words).....
9. School/Board Annual examination last taken with result.....
10. Whether failed, if so once/twice in the same class.....
11. Subjects Studied : 1..... 2..... 3..... 4..... 5.....
12. Whether qualified for promotion to the higher class.....
if so, to which class (in fig.).....(in words).....
13. Month upto which the (pupil has paid) school dues paid.....
14. Any fee concession availed of : if so, the nature of such concession.....
15. Total No. of working days.....
16. Total No. of working days present.....
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.....
20. Date of application for certificate.....
21. Date of issue of certificate.....
22. Reasons for leaving the school.....
23. Any other remarks.....

Signature of
class teacher

Checked by
(state full name and designation)

Principal
SEAL