St. Thomas Higher Primary School

Nithyadhara Nagar, Byndoor-Post, Udupi-Dist (Karnataka) 576 214 (Phone No.: 08254-251 444 / 252 412 / 251 335 / 251 425 / 8105972295)

U-DISE CODE: 29160405006

E-mail: stthomasbyndoor@gmail.com	Web: <u>www.stthomasbyndoor.com</u>

Date:

School Code:

Transfer Certificate

Student ID:

Affiliation No:

BOOK NO:	SI.No:	Admission No:
1. Name of the Student		
2. Mother's Name		
3. Father's Name/Guardian's Name		
4. Date of Birth (in Chiristian Era) according to		(in figures)
Admission & Withdrawal Register		(in words)
5. Proof of Date of Birth submitted at		
6. Nationality		
7. Whether the candidate belongs to S	chedule Caste or	
Schedule Tribe or OBC		
8. Date of first admission in the School	ol with Class	
9. Class in which the pupil last studied		(in figure)
		(in words)
10. School/Board Annual Examination	n last taken with result	
11. Whether failed, if so once/twice in	the same class	
12. Subject Studied		
13. Whether qualified for promotion to	the higher class. If	(in figure)
so which class		(in words)
14. Total No. of working days in the a	cademic session	
15. Total No. of presence in the acader	mic session	
16. Month upto which the people has p	paid school dues	
17. Any fee concession availed of, if s	o, the nature of such	
concession		
18. Whether NCC Cadet/Boy Scout/G	irl Guide	
19. Whether school is under Govt/Min	ority/Independent	
Category		
20. Games played on extracurricular a	ctivities in which the	
pupil usually took part (mention ac	chievement)	
21. Date of application for certificate		
22. Date on which pupils name was str	ruck off the rolls of	
the School		
23. Date of issue of certificate		

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24.	Anv	other	rem	arks

I hereby declare that the above information including Name of the Candidate, Father's Name, Mother's Name and Date of Birth furnished above is correct as per school records.

Date: Signature of the Principal