

## SHIVALIK INTERNATIONAL CONVENT SCHOOL

Affiliated to C.B.S.E., New Delhi, Aff. Code No. 630126
Nangal Chowk, P.O. Dada Siba, Teh. Dehra, Distt. Kangra

Ph.: 01970-206142, Mob.: 94184-15466

TRANSFER CERTIFICATE

We opposite the same		Dated	******************
FFILIATION NO. 63012	6	SCHOOL N	o23050
R NO. 236	Secretary Control of the Control of	ADMISSION	INO2211
NAME OF STUDENTS :	SIMMI		**************************************
FATHERS/GUARDIAN'S NAME :		MOTHER-	SANTOSH KUMARI
NATIONALITY:	INDIAN	3013013336363646361001.000190340866666000	#363064400192900000100100016jqs00101200001000
	ONGS TO SCHEDULE CASTE	***********************	********************************
OR SCHEDULE TRIBE :	***************************************		*********************************
THE OF FIRST ADMISSION IN T	HE SCHOOL WITH CLASS	APRIL 20:15	6th CLASS
DATE OF BIRTH (IN CHRISTIAN	ERA ) ACCORDING TO ADMISSIO	N REGISTER	***************************************
(IN FIGURES 17/03/2005	(IN WORDS) SEVENTEENT	H MARCH TW	O THOUGHD FIVE
CLASS IN WHICH THE STUDENT	LAST STUDIED (IN FIGURE)9	th (IN WORDS)	NINTH
SCHOOLBOARD ANNUAL EXA	MINATION LAST TAKEN WITH R	ESULT C. B. S.	E PASS
WEATHER FAILED. IF SO ONCE	TWICE IN THE SAME CLASS	No	***************************************
SUBJECT STUDIED: 1 ENGLISH	2 HINDI 3 SCIEN	OCE 4 MATHS	5
WEATHER QUALIFIED FOR PRO	MOTION TO THE HIGHER CLASS		
200 M. S. B.	1) 10th (IN W		
	UDENTS HAS PAID ) SCHOOL DU		
ANY FEE CONCESSIONS AVAILE	D OF; IF SO, THE NATURE OF SU	CH CONCESSION	No
TOTAL NO. OF WORKING DAYS	207	************************	######################################
TOTAL NO. OF WORKING DAYS	PRESENT 201	***********************************	*********************************
WE THER NCC ADIT/BOY/GIRL ,	GUIDE (DENTAL MAY BE GIVEN ).	No	
GAMES PLAYED OR EXTRA CURRI	CULAR ACTIVITIES IN WHICH T	HE STUDENTS USUA	LLY
TOOK PART (MENTION ACHIEV	PEMENT LEVEL THERE IN )	VOLLEY BAL	L.,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,
GENERAL CONDUCT		**************************************	BATCOGF 13 PERSENTANT SERVICE S PROTECTION S SOURCE S PERSON S SOURCE S S S S S S S S S S S S S S S S S S S
DATE OF APPLICATION FOR CE	RTIFICATE 31/07/201	9	*****************************
DATE OF ISSUE OF CERTIFICAT			
	CHOOL DUE TO -		
ANY OTHER REMARKS	× —		

IGNATURE OF LASS TEACHER

CHECKED BY (STATE FULL NAME AND DESIGNATION) PRINT2019