

THE INDIAN PUBLIC SCHOOL

Near Vikram Hospital, Sivagangai Road, Karuppayurani, Madurai – 625 020.

Affiliation No. :

School Code: _____

	TRANSF	ER CERTI	FICATE
Book No:	SI.No	.:	Admission No:
. Name of Pup			
. Mother's			
. Fathers / Gu Name:			
. Date of birth	(in Christian Era) acc	ording to Admise	ion & Withdrawal Register
(in figures)	(i	n words)	
Nationality			
Where the ca	andidate belongs to S	chedule Caste o	
	admission in the Scho		_
. Class in whic words)	ch the pupil last studie	d (in figures) :	(in
School/Boar	d Annual examination	last taken with r	esult
). Whether faile	ed, if so once/twice in	the same class:	
1. Subjects Stu 1	died : _23	4	5
2. Whether qua	alified for promotion to	the higher class	:
If so, to whic words)	ch class (in fig.)		_ (in
3. Month upto v	which the pupil has pa	id school dues:	

14. Any fee concession availed of, if so, the nature of such

concession:_____

- Total No. of working days in the academic session:
- 16. Total No. of working days pupil present in the school
- 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):

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- 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:

Class Teacher

Checked By (with full name and designation)