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D.A.V. MUKHYAMANTRI PUBLIC SCHOOL
KEWARI, LAKHANPUR
DIST: SURGUJA (C.G.) - 497116

(Managed by D.A.V. College Managing Committee, Chitragupta Road, New Delhi)
Affiliated to C.B.S.E. New Delhi, vide Aff.No. 3330285

E-Mail Id: davmpslakhanpur@gmail.com

Website: www.davmpskewari.in

❖ **TRANSFER CERTIFICATE** ❖

School Code: 17037

Book No. 4

T.C. No. 131

Admission No. 113/424

- 1 Name of the Pupil **ABHISHEK**
- 2 Mother's Name **SARITA**
- 3 Father's/Guardian's Name **NARESH**
- 4 Date of birth. (In Christian Era) according to Admission & Withdrawal Register
(in figures) **10.03.2007** (in words) **TENTH MARCH TWO THOUSAND SEVEN**
- 5 Nationality **INDIAN**
- 6 Whether the candidate belongs to Schedule Caste or Schedule Tribe or OBC **SC (HARIJAN)**
- 7 Date of First Admission in the School with class **CLASS-5th** Dated: **20.08.2016**
- 8 Class in which the pupil last studied (in figures) **CLASS- 8th** (in words) **EIGHTH**
- 9 School/Board Annual Examination last taken with result **NOT APEARED IN CLASS- 8th, ANNUAL EXAM -2020**
- 10 Whether failed, if so once/twice in the same class **NO**
- 11 Subject Studied **1. ENGLISH 2. HINDI 3. MATHS 4. SCIENCE 5. SOCIAL SCIENCE 6. SANSKRIT**
- 12 Whether qualified for promotion to the higher class **NO**
If so, to which class (in figure) **NA** (in words) **NA**
- 13 Month upto which the Pupil has paid school dues **NA**
- 14 Any fee concession availed of: if so, the nature of such concession **NA**
- 15 Total no. of working days in the academic session **213**
- 16 Total no. of working days pupil present in the school **43**
- 17 Whether NCC Cadet/Boy Scout/Girl Guide (details may be given) **- N.A. -**
- 18 Games played or extra-curricular activities in which the pupil usually took part (mention achievement level there in) **PARTICIPATED IN GAMES & CO-CURRICULAR ACTIVITIES.**
- 19 General Conduct **- GOOD -**
- 20 Date of application for certificate **31.08.2020**
- 21 Date of issue of certificate **18.09.2020**
- 22 Reasons for leaving the school **DISTANCE PROBLEM**
- 23 Any other remarks **- N.A. -**

Signature
of Class Teacher

Checked by
(state full name and date)

Signature of Principal with date