

## PIONEER CONVENT

Mahalaxmi Nagar, Opp. Bombay Hospital, Ring Road, INDORE Phone No.: 0731-2551098, 2570645, Email: pio.con@rediffmail.com

	TRANSFER CERTIFICATE Date: 15 06 18
Affiliti	on No. 1030162 School Code: 14013
Book	No SI.No Addmission No P -   402
1.	Name of Pupil PARTH MAKODE
2.	Mothers Name MRS. VAISHALL MAKODE
3.	Fathers/Guardians Name MR. VIVEK MAKADE
4.	Nationality TN.DIAN
5.	Whether the Candidate belongs to Scheduled Caste or Scheduled Tribe
6.	Date of first admission in the school with class 22 06 16 with Flexenth
7.	Date of Birth (in Christian Era) according to Admission Register (in fitures) 16 11 2000
	(Inwords) Sixteenth November Two thousand
8.	Class in which the pupil last studies (in figures) (in words)
9.	School/Board Annual Examination last taken with result Twoth with Pau
1000	Whether failed if so once/twice in the same classNo
11.	Subject Studied 1 English 2 Mathe 3 Physics 4 Chemitre 5 P. E
	678
12.	Whether qualified for promotion to the higer class
11 2	if so, to which class (in figures)(inword)
13.	Month up to which the (pupil has paid) school dues/paid No Drus
14.	Any fee concession availed of : so, the nature of such concessionNo
15.	Total No. of working days 186 16. Total No. of working days present 162
17.,	Whether NCC Cade/Boy Scout/Girl Guide (details may be given)
18.	Games played or extra-curricular activities in which the pupil usually took part (mention
W 11	achievement level therein)19. General Conduct
20.	Date of application for certificate 12 06 18 21. Date of issue of certificate 15 06 18
22.	REasons for leaving the school XII Paus
23.	Any other remarks — No —
The second	a God - Covered
V	List was shown
Signa	ture of Class Teacher Checked by (state full Principal Name and Designation) SEAL