

PIONEER CONVENT

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

		TRA	INSFER C	ERTIFICAT	re (Date :5	06/18.
Affilition No.	1030162					School Cod	: 14013
Book No.	-	SI.N	0	Addm	ission N	o. P-1	531
1. Name	ofPupil	PRIVA	NSH	JAIN			
2. Mothe	s Name	MRS	VINE	ETA	JAI	N	
3. Father	s/Guardians	Name	MR.	PRAD	EEP	JAIN	
4. Nation			IN DIE				
5. Wheth	er the Candid	ate belongs	to Scheduled	Caste or Sc	heduled	Tribe	
6. Date o	first admissi	on in the sch	ool with class	0704	117	t steer	welth.
		CONTRACTOR OF THE PARTY OF THE	TO A SHARE WHEN THE REAL PROPERTY AND ADDRESS OF THE PARTY AND ADDRESS	Control of the Contro	TORK 1	WINDS NO. OF SHIP SHIP SHIP SHIP SHIP SHIP SHIP SHIP	07200
(In wor	ds) Two	mty F	vut J	July To	ت ەد	Homa	4
8. Class	n which the p	upil ladt stud	ies (in figures		(in w	ords)	with_
9. Schoo	/Board Annua	al Examinati	on last taken	with result_	TIM	لس الملا	h Pass
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11. Subject	t Studied 1	nglish 2	Mathe	3 Physic	14(1	muty5_	P.E
	6	0 -	7	_88	150500	0	
12. Wheth	er qualified fo	rpromotion	to the higer cl	assy	عه	P.D. S.	THE REAL PROPERTY.
if so, to	which class (in figures)_	-	(inword)	-		7
13. Month	up to which th	e (pupil has	paid) school	dues/paid	No		A ST
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and the state of	ement level th		THO	To the second se		Conduct_	
	application for		15 06 1	21. Date	ofissue	of certificate	NI2 OC/18.
	ns for leaving	the school_	Viername verifica un	XII -	Pass		0.000
23. Any oth	er remarks_	N	THE RESERVE TO A SECOND	No		La Talk (1)	
	a Mark		0	V	(0)	2	200
Just	4			200	(E)(A)	X	15/0/4
Signature of	lass Teacher		Name and Des	NEARONIL-DUSTNINGHELDISCHUNG	(0)	1030322	Principal SEAL