

Signature of Class Teacher

## PIONEER CONVENT

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

TRANSFER CERTIFICATE Date: 12 07 18
Affilition No. 1030162 School Code: 14013
Book No Addmission No Addmission No P 1530
1. Name of Pupil MISHIKA VYAS
2. Mothers Name MRS. ARTI VYAS
3. Fathers/Guardians Name MR. JITENDRA VYAS
4. Nationality INDIAN
Whether the Candidate belongs to Scheduled Caste or Scheduled Tribe
6. Date of first admission in the school with class 04 07 2017 with wellth
7. Date of Birth (in Christian Era) according to Admission Register (in fitures) 61 0 4 2001
(Inwords) First April Two Thousand one
8. Class in which the pupil last studies (in figures) (in words)
9. School/Board Annual Examination last taken with result Tool Hall with Tall
10. Whether failed if so once/twice in the same class
11. Subject Studied 1 English 2 Physics 3 Chemitry Biology 5 P. E
6 0 7 0 8 0 00
12. Whether qualified for promotion to the higer class
if so, to which class (in figures) (inword)
13. Month up to which the (pupil has paid) school dues/paid No Dues
14. Any fee concession availed of : so, the nature of such concession
15. Total No. of working days 16. Total No. of working days present 6.2
17., Whether NCC Cade/Boy Scout/Girl Guide (details may be given) NO
18. Games played or extra-curricular activities in which the pupil usually took part (mention
achievement level therein) 19. General Conduct
20. Date of application for certificate 12 07 18 21. Date of issue of certificate 12 07 18
22. REasons for leaving the school Twell to Tuesday
23. Any other remarks - NO-
00 0 (but)
Shewhom Book X
Checked by (state full Principal

Name and Designation)

SEAL