## PIONEER CONVENT

Mahalaxmi Nagar, Opp. Bombay Hospital, Ring Road, INDORE

DILIGEN	CE & EXCELLENCE Phone No.: 0731-2551098, 2570645, Email: plo con@rediffmail.com
	TRANSFER CERTIFICATE Date: 20119
Affilit	tion No. <b>1030162</b> School Code : <b>14013</b>
Bool	k No Addmission NoAddmission No
1.	Name of Pupil RISHABH VERMA
2.	Mothers Name MRS. RANJANA VERMA
3.	Fathers / Guardians Name RAVI K. VERMA
4.	Nationality <u>AMERICAN</u>
5.	Whether the Candidate belongs to Scheduled Caste or Scheduled Tribe GENERAL
6.	Date of first admission in the school with class Ol July 2018 with Temb
7.	Date of Birth (in Christian Era) according to Admission Register (in fitures) 31 03 2003
	(Inwords) Thirty First March Two thousand three
8.	Class in which the pupil last studies (in figures) (in words)
9.	School/Board Annual Examination last taken with result
10.	Whether failed if so once/twice in the same class
11	Subject Studied 1 English 2 Maths 3 Hundi 4 Science 5 Social Science
	6 7 8
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 days16. Total No. of working days present16
17.,	
18.	Games played or extra-curricular activities in which the pupil usually took part (mention
	achievement level therein)19. General Conduct19.
20.	Date of application for certificate 04 0119 21. Date of issue of certificate 12 01 19
22.	REasons for leaving the school Parents Reguest
23.	Buth Certificate provided of New Jerusy
Ka	shitlarlean. Bood Bood
Signature of Class Teacher  Checked by (state full Name and Designation)  Checked by (state full Name and Designation)	