



HOLY MISSION SCHOOL

Saidupur Road, Near DAV College, Sadhaura(Ynr.),HR

Ph. -01735-270410

www.holymissionsadhaura.com

E-mail: principal@holymissionsadhaura.com

CBSE Affiliation No. 531404

TRANSFER CERTIFICATE

Book No SR. No Admission No

SRN No. _____

1. Name of Pupil
2. Name of the Father
3. Name of the Mother
4. Nationality
5. Whether the candidate belongs to SC/ST/OBC
6. Date of first admission in the school with class
7. Date of Birth(in Christian Era) according to Admission Register
(in figures)..... (in words)
8. Class in which the pupil last studied (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..... 2.....3.....4.....5.....

12. Whether qualified for promotion to the higher class
- If so, to which class (in figure)..... (in words)
13. Month upto which the (pupil has paid) school dues paid
14. Any fee concessions availed: if so, the nature of such concession
15. Game played or extra-curricular activities in which the pupil took part
(mention achievement level therein)
16. General conduct
17. Date of application for certificate
18. Date of issue of certificate
19. Reasons for leaving the school
20. Any other remarks

Signature of
Class Teacher

Checked by
(state full name and designation)

Principal
SEAL