SACRED HEART SCHOOL DHALIARA

FOLLOWING C.B.S.E. CURRICULUM

Dhaliara, Tehsil Dehra, Distt. Kangra (H.P.) - 177103

Tel. : 78761-34845, 93305-05037, 62643-14932

Email : info@sacredheartschooldhaliara.com, Web : www.sacredheartschooldhaliara.com

Ref. No. ..... **Dated**.....

TRANSFER CERTIFICATE

T.C. No.: _____ **Admission No.:** _____ **Book No.:** _____

1. Name of the Student: _____
2. Mother's Name: _____
3. Father's/Guardian's Name: _____
4. Date of Birth (in figures): ____ / ____ / _____
5. Date of Birth (in words): _____
6. Nationality: _____
7. Whether the candidate belongs to SC / ST / OBC / General: _____
8. Date of first admission in the school with class: _____
9. Class in which the student last studied (in figures & words): _____
10. School/Board Annual Examination last taken with result: _____
11. Whether failed, if so once/twice in the same class: _____
12. **Subjects Studied:**

- English
- Hindi
- Mathematics
- Environmental Studies / Science
- Social Science
- Computer Science
- General Knowledge

13. Whether qualified for promotion to the higher class: _____
14. If so, to which class (in figures & words): _____
15. Month up to which the student has paid school dues: _____
16. Any fee concession availed, if so, the nature of such concession: _____
17. Total number of working days: _____
18. Total number of working days attended: _____
19. Whether NCC Cadet/Boy Scout/Girl Guide: _____
20. Games played or extracurricular activities: _____
21. General Conduct: _____
22. Date of application for Transfer Certificate: ____ / ____ / _____
23. Date of issue of Transfer Certificate: ____ / ____ / _____
24. Reason for leaving the school: _____
25. Any other remarks: _____

Certified that the above information is in accordance with the School Admission Register.

Place: Dhaliara, Himachal Pradesh

Date: ____ / ____ / _____

Class Teacher	**Checked By HOD**	**Principal**
Signature	Signature	Signature with School Seal

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