

St. Johns Public School

Mohan Nagar, Nagpur, Maharashtra 440001 Tel: 8928504712 Email: jnpscbse@gmail.com

CBSE Affiliation No: 1130895, Udise No. 27091404206, School Code: 30864

TRANSFER CERTIFICATE

Affi	liation No:		School Code :	
Воо	k No.:	T.C. No.	Admission No.	
1.	Name of the Student :-			
2.	Mother's Name:-			
3.	Father's/Guardian Name:-			
4.	Date of Birth (in Christian Era)Accord		n & Withdrawal Register	
	(in figures) (in wo	ords)		
5.	Place of Birth			
6.		Religion:-		
7.	Whether the candidate belongs to Schedule Caste or Schedule Tribe or OBC:-			
8.	Date of First Admission in the School with Class:-			
9.	Class in which the pupil last studied (in figure)	(in words)	
	School/Board Annual examination last taken with result:-			
	Whether failed, if so once/twice in the same class:-			
	Subjects Studied:-			
	Whether qualified for promotion to the higher class:-			
	If so,to which class (in fig)		(in words)	
14.	Total Number of working days in the	academic sessio	(in words)	
	Total Number of presence in the academic session :-			
16.	Month upto which the people has paid school dues:-			
17.	Any fee concession availed of, if so, the nature of such concession:-			
18.	Whether NCC Cadet/Boy Scout/Girl Guide (details may be given):-			
19.	Whether school is under Govt./Minority/Independent Category:-			
20.	Games played or extracurricular activities in which the pupil usually took part (mention achievement therein):-			
21.	Date of application for certificate:-			
22.	Date on which pupils name was struck off the rolls of the school:-			
23.	Date of issue of certificate:-			
24. Any other remarks:				
ı ner	I hereby declare that the above information including Name of the Candidate, Father's Name, Mother's Name and Date of			

Birth furnished above is correct as per the school records.