



ST. JOSEPH'S PUBLIC SCHOOL

Affiliated to C.B.S.E. - Delhi No. 930495, School Code: 75445

Kunnumbhagam, Kanjirappally- 686 507

Email: stjosephskply@gmail.com | Ph: 04828-202610, 206631

TRANSFER CERTIFICATE

Sl.No:

Admission No:

1. Name of the Student : _____
2. Mother's Name : _____
3. Father's/Guardian's Name : _____
4. Date of Birth (in Christian Era) according to Admission & Withdrawal Register
(in figures): _____ (in words) : _____
5. Proof for Date of Birth submitted at the time of admission : _____
6. Nationality : _____
7. Whether the candidate belongs to Scheduled Caste or Scheduled Tribe or OBC : _____
8. Date of first admission in the School with class : _____
9. Class in which the pupil last studied (in figures) _____ (in words) _____
10. School / Board Annual Examination last taken with result : _____
11. Whether failed , if so once / twice in the same class : _____
12. Subjects Studied : _____
13. Whether qualified for promotion to the higher class : _____
If so, to which class (in figures) _____ (in words): _____
14. Total No of working days in the academic session : _____
15. Total No. of presence in the academic session : _____
16. Month up to which the pupil 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 Extra Curricular Activities in which the pupil usually took part
(mention achievement level therein) _____
21. Date of application for certificate : _____
22. Date on which pupil's name was struck off the rolls of the school: _____
23. Date of issue of certificate : _____
24. Any other remarks : -

I hereby declare that the above information including Name of the Candidate, Mother's Name and Date of Birth furnished above is correct as per school.

Date :

Signature of the Principal