



OPEN MINDS BHAGALPUR SCHOOL

School Campus: ON BYPASS, KOILI KHUTAHA, NEAR SURYALOK COLONY, MIRJANHAT, BHAGALPUR

email: info@openmindsbhagalpur.com / www.openmindsbhagalpur.com

Phone No.: 9135001112/4/5

Ref #: _____

Date: _____

ADM. NO.: _____

TRANSFER CERTIFICATE

1. Name Of Pupil: _____.
2. Father's/ Guardian's Name: _____.
3. Mother's Name: _____.
4. Nationality: _____.
5. Whether the candidate belongs to Scheduled caste or Scheduled Tribe: _____.
6. Date of first admission in the School with class: _____ **CLASS:** _____.
7. Date of birth in (Christian Era) according to Admission Register:
(In figures): _____
(In words): _____
8. Class in which the pupil last studying (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. Subjects Studied: _____.
12. Whether qualified for promotion to the higher class: _____.
If so, to which class (in figures): _____.
(in words): _____.
13. Month up to which the (pupil has paid) school dues/ paid: _____.
14. Any fee concession availed of: if, so the nature of such concession: _____.
15. Total No. of working days: _____.
16. Total No. of working days present: _____.
17. Whether NCC Cadet/ Boy Scout/ Girl Guide: _____.
(details may be given)
18. Games played of extra- curricular activities in which the: _____.
Pupil usually took part (mention achievement levels therein)
(District, State, National, International Level)
19. General conduct: _____.
20. Date of application for certificate: _____.
21. Date of issue of certificate: _____.
22. Reasons for leaving the school: _____.
23. Any other remarks: _____.

Class Teacher

Date:

Office

Date:

Principal

Date: