



M.D. DAYANAND MODEL SCHOOL

.SHANKAR ROADNAKODAR144040

Phone No: 01821220748 ,09041070748

TRANSFER CERTIFICATE

(Recognised by the Directorate of Education and affiliated to the CBSE under All India Scheme)

Affiliation No : 1630343

School Code : 20331

Sl. No : XXX Admission No : XXXX RollNo: _____ Board Reg No: _____

1. Name of Pupil : XXXXXXXX
2. Mother's Name : XXXXXXXXXX
3. Father's Name/Guardian's Name : XXXXXXXXXX
4. Date of birth (in Christian Era) according to Admission and Withdrawal Register :
(in figures) XXXXXXXX (in words) : XXXXXXXXXXXXXXXXXX
5. Nationality : XXXXXX
6. Whether the candidate belongs to Schedule Cast or Schedule Tribe or OBC : XXXXXXXX
7. Date of first admission in the School with Class : XXXXXXXXXX
(in words) : XXXXXXXXXXXXXXXX
8. Class in which the Pupil last studied (in figure) : XXXX
9. School/Board Annual Examination last taken with result : XXXXXX
10. Whether failed, if so once/twice in the same class : No
11. Subject Studied : XXXXXXXXXXXXXXXX
12. Whether qualified for promotion to the higher class : XXXXXX
if so, to which class(in figure) : XXXXXX
13. Month upto which the Pupil has paid school dues : XXXXXXXX
14. Any fee concession availed of ; if so, the nature of such concession : XX
15. Total No. of working days in the academic session : XXXX
16. Total No. of working days pupil present in the school : XXXXX
17. Whether NCC Cadet/Boy Scout/Girl Guide (details may be given) : XXX
18. Games played or extra curricular activities in which the Pupil usually took part (mention achievement level therein) : XXX
19. General Conduct : XXXXX
20. Date of application for certificate : XXXXXX
21. Date of Issue of certificate : XXXXXXXX
22. Reason for leaving the school : XXXXXXXX
23. Any other remarks : _____

Signature of class teacher

Checked by
(with full name and designation)

Signature of Principal with date
School Seal

SAMPLE