

Date:....

HOLY FAMILY CONVENT SR. SEC. SCHOOL

(Affiliated to Central Board of Secondary Education, New Delhi)
Shantinagar, Kurana P.O.Bhopal, M.P.-462036
Contact: 0755-2983451, 9893512339
Email-holyfly1@gmail.com, Website-www.hfcsbhopal.edu.in

TRANSFER CERTIFICATE

Af	filiation No.1030103 School Code No. 50010
В	ook No
1.	Name of of the Student:
2.	Mother's Name:
3.	Father's Name / 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 Schedule Caste or Schedule Tribe or OBC
8.	Date of first admission in the School with Class:
9.	Parameter and the second of th
	*(In words)
10.	School/Board Annual Examination last taken with result:
	Whether failed, if so once / twice in the same class:
12.	Subjects studies: 1, 2, 3
	4,5.
13.	Whether qualified for promotion to the higher class:
	If so, to which class (in figure)(in words)
14.	Total Number of working days in the academic session:
	Total Number of presence in the academic session:
	Month upto which the pupil has paid school dues
	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 pupils name was struck of the rolls of the school:
	Date of issue of certificate:
	Any other remarks
	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 school records.

Signature of the Principal.....