K.L.E. MAHADEVAPPANNA MUNAVALLI SCHOOL,

Opp. Umarani Hospital, Main Road, GOKAK - 591 307. Dist. Belagavi. Website: www.klesgokak.com, E-mail: klesgokak@gmail.com
Affiliation to CBSE, New Delhi, Affiliation No.: 830216)

Phone: (08332) 229504

SI. No063

١.	Name of the pupil	: Akhilesh. Sollapur
2.	Father's/Guardian's Name in full	: Prathad sollapur
3.	Religion, Caste and Sub Caste	: Hindu Brahmin
1.	Nationality	: Indian
5.	Whether the candidate belongs to scheduled caste or scheduled tribe	· No
3.	Date of first admission in the school with class	: 05, 06, 2013 class I
7.	Date of Birth (in Christian era) according to Admission Register in figures, in words	July two thousand Seven
8.	Place of Birth	: Mudhol Dt: BagalKot
9.	Class in which the pupil last studied in words and figures	class Seventh (VII) 201
10.	School / Board Annual Examination last taken with result	Passed VI (2018-19)
11.	Whether failed; if so once/twice in the same cla	ss:
12.	Subjects studied compulsory	: 1) English 2) Hindi 3) Kannada 4) Mathematics 5) Science and Technology 6) Social Science 7) EVS
13.	Whether qualified for promotion to higher class if so, to which class	yes promoted to class VI
14.	Month up to which the pupil has paid school dues / paid	Paid
15.	Any fee concession availed, if so, the nature of such concession	
16.	Total number of working days	: 77 days
17.	. Total number of working days present	45 days
18	Whether NCC Cadet/Boy Scout/ Girl-Guide/ (Details may be given)	
19	Games played or extra curricular activities in which the pupil usually took part (mention achievement level therein)*	: participated in all games and activities of the school
20	. General conduct	Good
21	. Date of application for certificate	: 29: 08. 2019
22	. Date of issue of certificate	30. 08. 2019
23	. Reasons for leaving the school	: Parents request
-	. Any other remarks Dise code: 2	19300615305 STS NO 05261780

Sign. of Class Teacher

(Full name & Designation)

Principal

(Transfer certificate should be issued only under the signature of the regular principal/vice principal and it should be countersigned by an-officer not below the rank of District Inspector of Schools of Education Dept. of the State/Regional Officer C.B.S.E.)* District/State/National/International.