



# K.L.E. MAHADEVAPPANNA MUNAVALLI SCHOOL,

Opp. Umarani Hospital, Main Road, GOKAK - 591 307. Dist. Belagavi.

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Affiliation to CBSE, New Delhi, Affiliation No. : 830216

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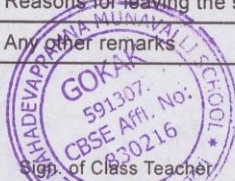
Sl. No. **058**

Book No. **01**

## TRANSFER CERTIFICATE

Admission No. **1071/2012**

1. Name of the pupil : **Nandini choudhari**
2. Father's/Guardian's Name in full : **Shashikant choudhari**
3. Religion, Caste and Sub Caste : **Hindu Kshatriya**
4. Nationality : **Indian**
5. Whether the candidate belongs to scheduled caste or scheduled tribe : **NO**
6. Date of first admission in the school with class : **04.06.2012 class I**
7. Date of Birth (in Christian era) according to Admission Register in figures, in words : **16.03.2006 Sixteenth March two thousand Six**
8. Place of Birth : **Hubli**
9. Class in which the pupil last studied in words and figures : **Class Seventh VII (2018-19)**
10. School / Board Annual Examination last taken with result : **Passed VII (2018-19)**
11. Whether failed; if so once/twice in the same class : **-**
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 VIII**
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 : **215 days**
17. Total number of working days present : **195 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 : **03.07.2019**
22. Date of issue of certificate : **08.07.2019**
23. Reasons for leaving the school : **Parents request**
24. Any other remarks : **Dise code: 29300615305** **515 052 618 504**



Sign. of Class Teacher

Checked by :

(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.