



MAHATMA GANDHI MISSION'S
PRIMARY & SECONDARY SCHOOL (ENG MED)

Sector-8, Phase-II, Nerul, Navi Mumbai-400 706

Tel. : 022-2772 5129, 2771 9996, Ext. 15, 22 | Email : mgmschoolnerul@yahoo.in

CBSE Affiliation No. 1130333

School Code No. 45185

Transfer Certificate

Sr.No.

104

Book No.

Admission No.

Student Saral ID : _____

Adhar No. : _____

1. Name of the Pupil: _____
2. Father's/Guardian Name : _____
3. Mother's Name : _____
4. Nationality : _____
5. Religion : _____
6. Caste : _____
7. Date of Birth in Christian era (in figures) : _____
(in words) : _____
8. Place of Birth : _____
9. Date of admission in the School with Class : _____
10. Last School attended : _____
11. Class in which the pupil last studied (in figure) _____ (in words) _____
12. School/Board Annual Examination last taken with result : _____
13. Whether failed, if so once /twice in the same class : _____
14. Subjects Studies : _____
15. Whether qualified for promotion to the higher class : _____
If so, to which class (in fig.) _____ (in words) _____
16. Month up to which the (pupil has paid) School dues paid : _____
17. Any Fee : Concession availed of Yes / No _____ If yes, Nature of Concession : _____
18. Total No. of working days : _____
19. Total No. of Present days : _____
20. Whether NCC Cadet/Boy Scout/Girl Guide (Details may be given) : _____
21. Games played or extra curricular activities in which the pupil usually took part : _____
22. Conduct : _____
23. Date of Leaving Certificate : _____
24. Reasons for leaving the school : _____
25. Remarks : _____

Note : No change in any entry in this Certificate shall be made except by the Authority issuing it, any infringement of this Rule is liable to be dealt with by Rustication or by order suitable punishment.

Date _____

Prepared by _____

Class Teacher

Principal