

## BHARATIYA VIDYA BHAVAN SCHOOL

BHAVAN'S HILL, CHEVAYUR (PO), KOZHIKODE- 673 017

Ph: 0495 2354043, 2359400

'CBSE - New Generation School'

web site: www.bhavansschoolchevayur.org E-mail: bvbchevayur@yahoo.com

AFFILIATED TO THE CENTRAL BOARD OF SECONDARY EDUCATION AFFLIATION CODE NO - 930170

## TRANSFER CERTIFICATE

	IRANSFE	R CER	TIFICATE
Boo	ok No XXV/2018	Sl. No: 14	Admission No: 4381
1.	Name of pupil	:	MINAAKSHI SALIL
2.	Mother's Name	:	V M BINDHU
3.	Father's/ Guardians Name	:	K S SALIL KUMAR
4.	Nationality	:	INDIAN
5.	Whether the candidate belongs to		
_	Schedule Caste or Schedule Tribe	:	N A
6. 7.	Date of first admission in the School with class	:	19/05/2016 STANDARD IX
7.	Date of birth (in Christian Era)		
	according to Admission Register (in figures)	:	03/10/2002
	(in words)	:	THIRD OCTOBER TWO THOUSAND TWO
8.	Class in which the pupil last studied (in figures)	:	STANDARD X
	(in words)	:	STANDARD TENTH
9.	School/ Board Annual Examination		
40	last taken with result	:	C B S E, AISSE MARCH - 2018 PASSED
10.	Whether failed, if so once/twice in the Same class		NO
11.	Subject Studied: (1) ENGLISH (2) MALAYALA	AM (3) MA7	THEMATICS (4) SCIENCE (5) SOCIAL SCIENCE
12.	(6) INFORMATION TECHNOLOGY © Whether qualified for promotion to the higher of	elass :	YES
	If so, to which class (in fig)	:	(in words) HIGHER STUDIES
13.	Month upto which the (pupil has paid)		
	school dues/paid	:	MARCH - 2018
14.	Any fee concession availed of: If so,		
) !	the nature of such concession	:	NIL
15.	Total No. of working days	:	201
16.	Total No. of working days present	:	195
17.	Whether NCC Cadet /Boy Scout/Girl Guide		
18.	(details may be given) Games played or extra-curricular	• •	-
	activities in which the-pupil usually took		
	part (mention achievement level therein)	:	= 1
19.	General conduct	:	GOOD
20.	Date of application for certificate	: 2	16/06/2018
21.	Date of issue of certificate	:	16/06/2018
22.	Reasons for leaving the school	:	PARENT'S REQUEST
23.	Any other remarks	:	Nil
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Signature of Class Teacher

KOZHIKODE O

Checked by (State full name and designation)

ON Principal