

E

egular below r of rritory ool to ool of ard or odaya and by of the ect of le the uch a orised un by

## Survey No. 766 & 767, Nr. VIllage Godhavi, Ahmedabad-382115 Phone:+91-8141015151, 8141016161 E-mail: principal.zse2@gmail.com, www.zydusschool.org

## TRANSFER CERTIFICATE

CBSE Affiliation No. : 430196

School Code No. 10180

Book No. 028 SI. No. 925 Admission No.: 1452/A.

1.	Name of Pupil	AMAN NIKHIL SINGH.
2.	Male / Female	MALE.
3.	Mother's Name	MANISHA NIKHIL SINGH.
4.	Father's Name / Guardian's Name	DR. NIKHIL SENGH.
5.	Nationality & Religion	INDIAN - HINDU
6.	Whether the candidate belongs to SC/ST/OBC	200 Jakes In Sector Alexandra America
7.	Date of first admission in the school with class	18-04-2015 - CLASS - IST.
8.	Date of Birth according to Admission (in figure) (in words)	24-01-2009- TWENTY FOURTH JANUARY TWO THOUSAND NINE
9.	Place of birth	AHMEDABAD.
10.	Class in which the pupil last studied (in figure) (in words)	IN CLASS - VI - (SIXTH,
11.	School / Board's Annual Examination last taken with Result	SCHOOL ANNUAL EXAM-2020-21 PASSED .
12	Whether failed. If so once / twice in the same class	NO
13.	Subjects studied	1 ENG 2HINDT SCI 4 MATH 5 S.S. 6 GU
14.	Whether qualified for promotion to the higher class. If so to which class (in figure / words)	YES TO CLASS - VII - SEVENTH
15.	Month up to which the (pupil has paid) school dues / paid	PAID UP TO - MARCH - 2021
16.	Any fee concession availed of, if so the nature of such concession	YES - 25% CONCESSION AVAILED DURING COVID-19 PANDEMIC YEAR AS PER GOVERNMENT GUIDELINE
17.	Total number of working days	236
18.	Total number of working days present	236
19.	Whether NCC cadet / Boy Scout / Girl Guide	NO.
20.	Games played or extra curricular activities in which the pupil usually took part (mention achievement level therein)	100% ATTENDANCE.
21.	General Conduct	YOGA.
22.	Date of application for certificate	GOOD.
23.	Date of issue of certificate	17-03-2021
24.	Reason for leaving the school	26-03-2021
25.	Any other remarks	TRANSFER.
	UID:	240705007391410198

Certified that the above information is in accordance with the School Register.

Signature of Class teacher

Checked by (state full name & designation)

Signature & Seal of Principal