

Zybus School for Excellence – Godhavi

Survey No. 766 & 767, Nr. Village Godhavi, Ahmedabad-382115

Phone: +91-8141015151, 8141016161 E-mail: principal.zse2@gmail.com, www.zybuschool.org

TRANSFER CERTIFICATE

CBSE Affiliation No. : 430196

School Code No. 10180

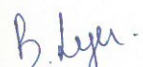
Book No. 029


Sl. No. 942

Admission No. : 1253/A

1. Name of Pupil	AARNA DHIRAJ GUPTA
2. Male / Female	FEMALE
3. Mother's Name	SONALI GUPTA
4. Father's Name / Guardian's Name	DHIRAJ GUPTA
5. Nationality & Religion	INDIAN - HINDU
6. Whether the candidate belongs to SC/ST/OBC	-
7. Date of first admission in the school with class	16-01-2014 CLASS - JKRG
8. Date of Birth according to Admission Register (in figure) (in words)	16-07-2010 SIXTEEN JULY TWO THOUSAND TEN
9. Place of birth	DELHI
10. Class in which the pupil last studied (in figure) (in words)	IN CLASS - V - FIVE
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 2 HINDI 3 MATH 4 EVS 5 COM 6
14. Whether qualified for promotion to the higher class. If so to which class (in figure / words)	YES - TO CLASS - VI - SIXTH
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 PANDEMIC - COVID-19 AS PER GOVERNMENT GUIDELINE
17. Total number of working days	209
18. Total number of working days present	190
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)	YOGA
21. General Conduct	GOOD
22. Date of application for certificate	18-04-2021
23. Date of issue of certificate	19-04-2021
24. Reason for leaving the school	GOING ELSEWHERE
25. Any other remarks	UID 240704026121620066

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