ST. JOSEPH SCHOOL, GODHNI

MAHADA COLONY, PITESUR ROAD, GODHNI RLY, **GODHNI NAGPUR 441123**

TRANSFER CERTIFICATE

SCHOOL UDISE: 27090908410

and the second second	ook N	No. Sl. No Admission No 3 70
Constraint of the	1.	Name of Pupil ADALINE BROWN
	2.	Mother's Name MRS. INY BROWN
	3.	Father's/Guardian's Name Shri <u>ALLAN</u> BROWN
	4.	Nationality INDIAN
and the second se	5.	Whether the candidate belongs to scheduled caste or Scheduled Tribe
and the second se	6.	Date of first admission in the school with class17 · 10 · 2019
Contraction of the local division of the loc	7.	Date of Birth (in Christian Era) according to Admission Register (in figures)
Chart water to be the		(in words) THIRTEEN JULY TWO THOUSAND ELEVEN
And the second second	8.	Class in which the pupil last studied (in figures)(in words)
and a subsection of the	9.	School/Board annual examination last taken with result
on the second se	10	. Whether failed, if so once/twice in the same class
State of the state of the state	11	. Subject studied: 1. ENGLISH 2. HINDI 3. MARATHI 4. MATHS 5.
Contraction of the other		SCIENCE 6. S.S.T 7. MORAL SCIENCE 8. G.K. 9. SPORTS
Statistical and statistical	12	Whether qualified for promotion to the higher class $\underline{\gamma E S}$ if so, to which class (in figure) $\underline{11}$ (in
And a state of the		word) FOURTH
Contraction of the owner	13	. Month upto which the (pupil has paid) school dues/paid
Contraction of the local division of the loc	14	any fee concession availed of if so, the nature of such concession
The second se	15	5. Total No. of working days I 82
And a state of the	16	5. Total No. of working days present 82
の見たのでしたい	17	7. Whether NCC cadet/Boy Scout/Girl Guide (details may be given)
	18	3. Games played or extra-curricular activities in which the pupil usually took part (mention achievement level
		therein)
	19	P. General conduct Very lood
	20	D. Date of application for certificate $14.09.20$
	2	1. Date of issue of certificate 16:09.20
	2:	2. Reason for leaving the school TRANSFER OF MOTHER
	2	3. Any other remarks
		Marcina W. Raphael Dr. Lymm
STATE AND	Sign	ature of Class Teacher (State full name and designation) (State full name and designation)
Collins of the	aight	(State full name and designation)

Checked by (State full name and designation)