



SHALINI BHAVAN

ENGLISH MEDIUM SCHOOL

(Affiliated to CBSE No. 930942)

NELLANADU P.O., VAMANAPURAM,
THIRUVANANTHAPURAM, KERALA, INDIA - 695 606

Mobile : 7034439945

Email : sbschool.vprm@gmail.com

TRANSFER CERTIFICATE

Affiliation No. School Code

Book No. SI. No. Admission No.

1. Name of the Student :-

2. Mother's Name :-

3. Father's/ Guardian's Name :-

4. Date of Birth (in Christian Era) according to Admission & Withdrawal Register.
(In figures) (in words)

5. Proof for Date of Birth submitted at the time of admission

6. Nationality :-

7. Whether the candidate belongs to Schedule Caste or Schedule Tribe or OBC :-
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8. Date of first admission in the School with class :-

9. Class in which the pupil last studied (in figure)(in words)

10. School / Board Annual Examination last taken with result :-

11. Whether failed, if so once/ twice in the same class :-

12. Subject Studied : 1..... 2..... 3..... 4..... 5.....

13. Whether qualified for promotion to the higher class :
If so, to which class (in fig) (in words)

14. Total No. of working days in the academic session :-

15. Total No. of presence in the academic session :-

16. Month upto which the pupil has paid school dues