

MONTFORT SCHOOL

C.B.S.E.Affl. No. 3330169 School No. 10327 SARGAWAN, POST-SAKALO, AMBIKAPUR, DT.- SURGUJA (C.G.) PIN-497001 PHONE (07774) 241003, 203241



BOOK NO. O.S. SERIAL NO. 454 ADMISSION NO. 1361

TRANSFER CERTIFICATE

1.	Name of Pupil	NEF-RA-	GHASKAR
2	Mother's Name	ANSUIYA	RHASVAD
3.	Father's/Guardian's Name	PARAS RAM BHASKAR	
4	Date of Birth (In Christian Era) according to		01.2009
	admission & With drawal Register	(in figures) FIFTLENTH JANUARY.	
	(in words)	TAID THO	USAND NINE
5	Nationality		NDIAN
6.	Whether the candidate belongs to Schedule		
	Caste or Schedule Tribe or OBC	SC	(CHAMAR)
7	Date of first Admission in the school with class :	SC (CHAMAR) 04:07-2013 (1)	
8.	Class in which the pupil last studied (in words)	6+h (in figures) SIXTH	
9.	School/Board Annual Examination last taken	***************************************	***************************************
	with result .	Pass	
10.	Whether failed if so once/twice in the same		
	class		***************************************
11.	Subject studied :	1ENG	2 HILHDI 3 MATH
		4S.C.	5. S. S.T.
	Whether qualified for promotion to the higher		
	class		YES
	If so, to which class	(in figures)	7th
	(in words)		SEVENTH
13.	Month upto which the pupil has paid school		
	dues :	ME	RCH, 2019
14.	hily lee concession availed of, if so the		
	nature of such concession :	***************************************	
15.	Total no. of working days in the Academic		***************************************
	session :	***************************************	225
16.	Total no. of working days present in the school:	225 207	
17	Whether NCC Cadet/Boy Scout/Girl Guide	100000000000000000000000000000000000000	
	(details may be given)	***************************************	
18.	Games played or extracurricular activities in		
	which the pupil usually took part (mention		
	achievement level therein)		
	General conduct	GOOD	
20.	Date of application for certificate	01.04.2019	
21.	Date of issue of certificate	01.04.2019	
22.	Reasons for leaving the school	PARENTS KILLH	
23.	Any other remarks		
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	Signature of Checked by	Ci	THAT WHAT
	Class Teacher (with full name &	Signature of	Signature of Principal
	desigantion)	Manager	with date & school seal