



INDIAN SCHOOL SOHAR

P.O.Box: 846, Postal Code: 311, Sohar, Sultanate of Oman
Telephone: +968 268 41 885, Fax: 26844504
E-mail: office@indianschoolsohar.com
Website: www.indianschoolsohar.com
CBSE Affiliation No.: 6130006



TRANSFER CERTIFICATE

Affiliation No. 6130006
Sl.No. 1391

School Code. 90169
Admission No. 9020

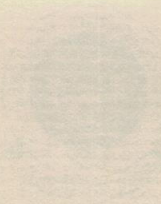
1. Name of Pupil : BHUVANA SELVAKUMAR
2. Mother's Name : PETCHIAMMAL
3. Father's / Guardian's Name : SELVAKUMAR
4. Date of Birth (in Christian Era) according to Admission and Withdrawal Register : (in figures): 21/08/2006
(in words): TWENTY ONE AUGUST TWO THOUSAND SIX
5. Nationality : INDIAN
6. Whether the candidate belongs to Schedule Caste or Schedule Tribe or OBC : -----
7. Date of first admission in the school with class : 09-06-2014 - III
8. Class in which the pupil last studied : (in figures) : X (in words): TENTH
9. School / Board Annual examination last taken with result : RESULT AWAITED
10. Whether failed, if so once / twice in the same class: : N/A
11. Subjects Studied : ENGLISH, MATHEMATICS, SCIENCE, SOCIAL SCIENCE, HINDI (2L)
12. Whether qualified for promotion to the higher class : -----
(in figures) ----- (in words) : -----
13. Month upto which the pupil has paid school dues : FULL PAID
14. Any fee concession availed of. If so, the nature of such concession: NO
15. Total No. of working days in the academic session : 214
16. Total No. of working days pupil present in the school : 202
17. Whether NCC Cadet / Boy Scout / Girl Guide (details may be given) : GIRL GUIDE
18. Games played or extra curricular activities in which the pupil usually took part: : CERTIFICATES ISSUED TO THE CHILD FOR THE ACHIEVEMENTS
(mention achievement level therein)
19. General Conduct : GOOD
20. Date of application for certificate : 22/05/2022
21. Date of issue of certificate: : 22/05/2022
22. Reason for leaving the school : PARENT'S REQUEST
23. Any other remarks : NO

Signature of Class Teacher

Checked by
(with full name & designation)

Signature of Principal with date
School Seal





TECHNICAL CERTIFICATE

DATE: _____

NAME: _____

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SELVAKUMAR

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