



# 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. 1509

School Code. 90169  
Admission No. 12767

1. Name of Pupil : FIONA MARIA SIBI
2. Mother's Name : SHERIN THOMAS
3. Father's / Guardian's Name : SIBI VADAKKEKARA JOHN
4. Date of Birth (in Christian Era) according to Admission and Withdrawal Register : (in figures): 01/12/2015  
(in words): ONE DECEMBER TWO THOUSAND FIFTEEN
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 : 26-02-2020 - LKG
8. Class in which the pupil last studied : (in figures) : I (in words): FIRST
9. School / Board Annual examination last taken with result : LEFT WHILE STUDYING IN CLASS I
10. Whether failed, if so once / twice in the same class: : N/A
11. Subjects Studied : ENGLISH, EVS, HINDI, MATHEMATICS
12. Whether qualified for promotion to the higher class : -----  
(in figures) ----- (in words) : -----
13. Month upto which the pupil has paid school dues : MAY-2022
14. Any fee concession availed of. If so, the nature of such concession: NO
15. Total No. of working days in the academic session : 34
16. Total No. of working days pupil present in the school : 31
17. Whether NCC Cadet / Boy Scout / Girl Guide (details may be given) : NA
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 : 23/05/2022
21. Date of issue of certificate: : 31/05/2022
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





STATEMENT OF WORK

No.	Description of Work	Quantity	Unit	Rate	Total
1	...	...	...	...	...
2	...	...	...	...	...
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Eki John  
 Eki John  
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