



INDIAN SCHOOL SOHAR

P.O. Box : 846, Postal Code : 311, Sohar, Sultanate of Oman

Telephone : +968 268 41 885

Email : office@indianschoolsohar.com

Website: www.indianschoolsohar.com

CBSE Affiliation No.: 6130006



TRANSFER CERTIFICATE

Affiliation No. 6130006

Sl.No. 2102

School Code. 90169

Admission No. 11631

1. Name of Pupil : SHAZIN ACHARATH P M
2. Mother's Name : ANEESA NISHAM
3. Father's / Guardian's Name : NISHAM KAYAKOOL
4. Date of Birth (in Christian Era) according to Admission and Withdrawal Register : (in figures): 03/08/2005
(in words): THREE AUGUST TWO THOUSAND FIVE
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 : 19-04-2018 - VIII
8. Class in which the pupil last studied : (in figures) : XII(Com) (in words): TWELFTH
9. School / Board Annual examination last taken with result : PASSED
10. Whether failed, if so once / twice in the same class: : N/A
11. Subjects Studied : ACCOUNTANCY, BUSINESS STUDIES, ENGLISH, ENTREPRENEURSHIP, INFORMATICS PRACTICES
12. Whether qualified for promotion to the higher class : YES
(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 : -----
15. Total No. of working days in the academic session : 202
16. Total No. of working days pupil present in the school : 185
17. Whether NCC Cadet / Boy Scout / Girl Guide (details may be given) : BOY SCOUT
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 : 14/05/2023
21. Date of issue of certificate: : 14/05/2023
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



INSTITUTIONAL INFORMATION



INSTITUTIONAL INFORMATION
Name of Institution
Address
City
State
Zip

Name of the Applicant

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Signature

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Signature

SHAZIN *Shm 2.*