

# INDIAN SCHOOL SOHAR

P.O. Box : 846, Postal Code : 311, Sohar, Sultanate of Oman  
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Email : office@indianschoolsohar.com  
Website: www.indianschoolsohar.com  
CBSE Affiliation No.: 6130006

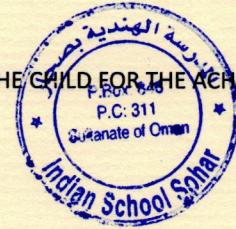


## TRANSFER CERTIFICATE

Affiliation No. 6130006  
Sl.No. 2196

School Code. 90169  
Admission No. 12414

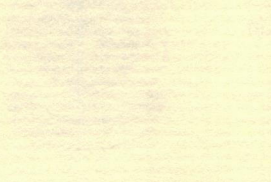
1. Name of Pupil : AABHAS SHARMA
2. Mother's Name : SWATI SHARMA
3. Father's / Guardian's Name : PANKAJ SHARMA
4. Date of Birth (in Christian Era) according to Admission and Withdrawal Register : (in figures): 27/04/2013  
(in words): TWENTY SEVEN APRIL TWO THOUSAND THIRTEEN
5. Nationality : INDIAN
6. Whether the candidate belongs to Schedule Caste or Schedule Tribe or OBC : -----
7. Date of first admission in the school with class : 01-05-2019 - Class I
8. Class in which the pupil last studied : (in figures) : V (in words): FIFTH
9. School / Board Annual examination last taken with result : LEFT WHILE STUDYING IN CLASS V
10. Whether failed, if so once / twice in the same class: : N/A
11. Subjects Studied : ENGLISH, HINDI, MATHEMATICS, SCIENCE, SOCIAL SCIENCE
12. Whether qualified for promotion to the higher class : -----  
(in figures) ----- (in words) : -----
13. Month upto which the pupil has paid school dues : JUNE-2023
14. Any fee concession availed of. If so, the nature of such concession : NO
15. Total No. of working days in the academic session : 38
16. Total No. of working days pupil present in the school : 38
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 : 11/06/2023
21. Date of issue of certificate: : 12/06/2023
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



REPORT CARD

Roll No. \_\_\_\_\_

Class \_\_\_\_\_

Section \_\_\_\_\_

Year \_\_\_\_\_

Term \_\_\_\_\_

Name of the Candidate \_\_\_\_\_

Address \_\_\_\_\_

City \_\_\_\_\_

State \_\_\_\_\_

Post \_\_\_\_\_

Telephone No. \_\_\_\_\_

Parent's Name \_\_\_\_\_

Parent's Address \_\_\_\_\_

Signature of the Candidate \_\_\_\_\_

Date \_\_\_\_\_

Signature of the Teacher \_\_\_\_\_

Signature of the Headmaster \_\_\_\_\_

Signature of the Parent \_\_\_\_\_

Signature of the School \_\_\_\_\_

Signature of the District \_\_\_\_\_

Signature of the State \_\_\_\_\_

Signature of the Union \_\_\_\_\_

Signature of the Country \_\_\_\_\_

Signature of the World \_\_\_\_\_

Signature of the Universe \_\_\_\_\_

Signature of the Cosmos \_\_\_\_\_

Signature of the Galaxy \_\_\_\_\_

Signature of the Planet \_\_\_\_\_

Signature of the Star \_\_\_\_\_

Signature of the Moon \_\_\_\_\_

Signature of the Sun \_\_\_\_\_

Signature of the Earth \_\_\_\_\_

Signature of the Sky \_\_\_\_\_



Dr. PANKAJ SHARMA