



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. 1294

School Code. 90169

Admission No. 10186

1. Name of Pupil : MARYAM
2. Mother's Name : HAJRA FAROOQUI QAZI
3. Father's / Guardian's Name : MOHAMMAD TAYYAB SHAIKH
4. Date of Birth (in Christian Era) according to Admission and Withdrawal Register : (in figures): 04/12/2007
(in words): FOUR DECEMBER TWO THOUSAND SEVEN
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 : 16-03-2016 - III
8. Class in which the pupil last studied : (in figures) : VIII (in words): EIGHTH
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 : ENGLISH, MATHEMATICS, SCIENCE, SOCIAL SCIENCE, ARABIC (3L), HINDI (2L)
12. Whether qualified for promotion to the higher class : YES
(in figures) IX (in words) : NINTH
13. Month upto which the pupil has paid school dues : MARCH-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 : 178
16. Total No. of working days pupil present in the school : 163
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 : 08/03/2022
21. Date of issue of certificate: : 24/03/2022
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



INSTITUTIONAL FORM NO. 1
This form is to be filled out by the institution and submitted to the appropriate authority.
It is to be filled out in duplicate and the original copy is to be submitted to the appropriate authority.
The copy retained by the institution is to be used for its own records.

INSTITUTIONAL FORM NO. 1

Name of Institution

Date

1. Name of Institution

2. Address

3. Telephone Number

4. Name of the person in charge of the institution

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24. Name of the person in charge of the institution

Qazi Hajra

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