



INDIAN SCHOOL SOHAR

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

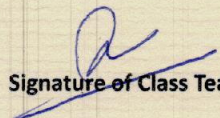



TRANSFER CERTIFICATE


Affiliation No. 6130006
Sl.No. 1282

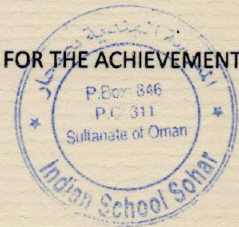
School Code. 90169
Admission No. 8446

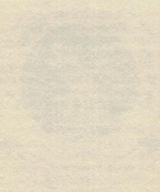
1. Name of Pupil : NIVED ANOOP NAIR
2. Mother's Name : SUNITHA NAIR
3. Father's / Guardian's Name : ANOOP NAIR
4. Date of Birth (in Christian Era) according to Admission and Withdrawal Register : (in figures): 22/06/2008
(in words): TWENTY TWO JUNE TWO THOUSAND EIGHT
5. Nationality : INDIAN
6. Whether the candidate belongs to Schedule Caste or Schedule Tribe or OBC : -----
7. Date of first admission in the school with class : 10-03-2014 - I
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, HINDI (2L), ARABIC (3L)
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 : 171
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 : 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 ADDRESS AND CONTACT INFORMATION

TO: [RECIPIENT NAME]

DATE: [DATE]

FROM: [SENDER NAME]

TO: [RECIPIENT NAME]

SUBJECT: [SUBJECT]

DATE: [DATE]

REFERENCE: [REFERENCE]

TO: [RECIPIENT NAME]

RE: [RE]

DATE: [DATE]

FOR: [FOR]

DATE: [DATE]

BY: [BY]

DATE: [DATE]

AT: [AT]

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Handwritten signature

ANOOP PAVAN NAIR

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