



KOVAI PUBLIC SCHOOL

Affiliated to CBSE, New Delhi, Affiliation No: 1930391

Near Chenniyandavar Temple, Elachipalayam Road, Karumathampatti,

Coimbatore – 641659 Ph: 7402611100

TC.NO	00/0000	TRANSFER CERTIFICATE	Admission No	XXX00000
-------	---------	-----------------------------	--------------	----------

- 1 Name of the Pupil : XXXX
- 2 a) Father's /Guardian's Name : XXXX
b) Mother's Name : XXXX
- 3 Nationality : XXXX
- 4 Whether the candidate belongs to Schedule caste or : XXXX
Schedule Tribe or OBC
- 5 Date of Admission and class : 00.00.0000 / XXXX X(XXX)
- 6 Date of Birth (in Christian Era) : 00.00.0000 (XXX - XXX – XXXX)
according to Admission Register
(in figures & words)
- 7 Class in which the pupil last studied : XXXX
(In figures & Words)
- 8 Whether failed , if so once /twice in the same class : XXXX
- 9 Subjects Studied : XXXX, XXXX, XXXX, XXXX, XXXX
- 10 Whether qualified for promotion to higher class, if : XXXX
so, to which class (In figures & Words)
- 11 Any fee dues , if so from when : XXXX

- 12 Any fee concession avails of , if so the nature of such concession : XXXX
- 13 Total. No. of working days : 000
- 14 Total no. of days present : 000
- 15 General Conduct :
- 16 Date of application for certificate : 00.00.0000
- 17 Date of issue of Certificate : 00.00.0000
- 18 Reason for leaving the School : XXXX
- 19 Any other Remarks : XX
- 20 EMIS NO : 000000000000000000

Class Teacher

Checked By

Principal

I hereby declare that the particulars recorded in this Transfer certificate are correct

Name of the Student

Signature of the parent
