

13. Whether the pupil was in receipt to any scholarship in :
[nature of the scholarship to be specified] or any Educational concessions
14. Whether the pupil has undergone Medical inspection, : **YES**
If any during the last academic year,
[First or Repeat to be specified]
15. Date on which actually left the school : **16/03/2020**
16. The Pupil's Conduct and Character : **V GOOD**
17. Date on Which application for Transfer Certificate was : **20/8/2020**
made on behalf of the pupil by the Parent or Guardian
18. Date of the Transfer Certificate : **20/08/2020**
19. Course of Study : **null**

| Name of the School | Academic Year (s) | Standard(s) Studied | First Language | Medium of Instruction |
|---------------------------------------------------------------------------------------------------------------------------------|-------------------|---------------------|---------------------|-----------------------|
| HARVARD INTERNATIONAL SCHOOL (CBSE) Ulagaratchagarpuram, Thiruvambalapuram P.O, Tirunelveli - 627111 | 2019-2020 | I | Tamil | English |
| Mark Certificate | Register No | | TMR Code No. & Date | |
| | HACB7 | | | |

20. **Signature of the Principal with date and with School Seal**

Note: 1. Erasures and Unauthenticated or Fraudulent alterations in the certificate will lead to its cancellation
2. Should be signed in ink by the Head of Institution who will be held responsible for the correctness of the entries

Declaration by Parent or Guardian

I hereby declare that the particulars recorded against items 2 to 8 are correct and that no change will be demanded by me in future.

Signature of Student

Signature of Parent / Guardian