

c. Name of the Revenue District

2. Name of the Pupil (in Block Letters)

?????? ????? (???????)

Name of the Pupil's Mother

SRI SANKARA MATRICULATION HIGHER SECONDARY SCHOOL

Thiruvarur Main Road, Peralam - 609 405, Nannilam Tk., Thiruvarur D.T.

TMR Code No.: -Certificate No.: -Date: 09-03-2020

> Thiruvarur. AAFILA S

| EMIS No.: | |
|---|--|
| Admission No. | Serial No. |
| 6477 (Appendix 5, Ch | FER CERTIFICATE apter III Rule 34, T.N.E. Rules) or of Matriculation Schools, Chennai - 6. |
| a. Name of the School b. Name of the Educational District | : Sri Sankara Matriculation Hr. Sec. School |

3. Name of the Pupil's Father or Guardian SHAJAGAN BATHUSHA

4. Nationality and Religion INDIAN - -

LABBAI

5. Community: Whether he / she belongs to a) Adi Dravidar (Scheduled Caste or Scheduled Tribe)

BCM b) Backward Class

c) Most Backward Class

d) Convert to Christianity from Scheduled Caste or

e) Denotified Communities

(If the Pupil belongs to any of the five categories mentioned above, write "YES" against the relevant item & also indicate the particular community to which he / she belongs)

6. Sex Female

Date of birth as entered in the

15-01-2015 admission register (in figures

and words) Personal Marks (a)

of identification (b) 27-04-2018 9. Date of admission and standard in which he / she was admitted:

(Date of admission in words)

10. Standard in which the pupil was studying at the time of leaving (in words)

11. Whether qualified for promotion to higher standard

12. Whether the pupil has paid all the fees due to the school

13. Whether the pupil was in receipt of any scholarship (Nature of the scholarship to be specified) 14. Whether the pupil has undergone Medical Inspection during

the last academic year (First or Repeat to be specified) 15. Date on which the pupil actually left the school 09-03-2020

16. The Pupil's conduct and Character

17. Date on which application for Transfer Certificate was made

09-03-2020 on behalf of the pupil by the Parent or Guardian

09-03-2020 18. Date of the Transfer Certificate

19. Course of Study

| Name of the School | Academic Year(s) | Standard(s) Studied | First Language | Medium of Instruction |
|--|---------------------|------------------------|-------------------|--------------------------|
| Sri Sankara Matriculation | - | L.K.G | English | English |
| Higher Secondary School, Peralam-609 405, Nannilam Tk., | - | - | - | - |
| Thiruvarur D.T. | - | - | - | - |

^{20.} Signature of the Principal with Date and School Seal:

Declaration by the Parent or Guardian:

I hereby declare that the particulars recorded against items 2 to 7 are correct and no change will be demanded by me in the future.

Signature of the Pupil. Signature of the Parent / Guardian.

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