

SRI SANKARA MATRICULATION HIGHER SECONDARY SCHOOL

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

TMR Code No.: - Certificate No.: - Date: 06-07-2019

EMIS No.: 3 3 0 1 0 1 0 3 1 0 2 0 0 7 2 5 Admission No.

6636

TRANSFER CERTIFICATE

(Appendix 5, Chapter III Rule 34, T.N.E. Rules) gnised by the Director of Matriculation Schools, Chennai - 6.

Serial No.

77/2019-20

	Recognised by the Director of Matrici	ulation 3	Schools, Chennal - 6.		
1.	a. Name of the School	:	Sri Sankara Matriculation Hr. Sec. School		
	b. Name of the Educational District	:	Thiruvarur.		
	c. Name of the Revenue District	:	Thiruvarur.		
2.	Name of the Pupil (in Block Letters)	:	PHOOJIT B V		
	Pupil Name in Tamil	:			
3.	Name of the Pupil's Father or Guardian	:	S BALAJEE		
	Name of the Pupil's Mother :		VIJAYA N		
4.	Nationality and Religion :		INDIAN - HINDU		
5.	Community: Whether he / she belongs to :		-		
	a) Adi Dravidar (Scheduled Caste or Scheduled Tribe)				
	b) Backward Class	:	REFER COMMUNITY CERTIFICATE		
	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	:	Male		
7.	Date of birth as entered in the admission register (in figures : 14-05-2009				
		FOURTEEN-MAY-TWO THOUSHAND AND NINE			
8.	Personal Marks (a) : -				
	of identification (b)				
9.	Date of admission and standard in which he / she was admitte		08-06-2018/V		
Э.	(Date of admission in words)		EIGHT-JUNE-TWO THOUSHAND AND EIGHTEEN		
10	Standard in which the pupil was studying at the time of leaving	1			
10.	(in words)		SIXTH STANDARD		
11.	. Whether qualified for promotion to higher standard :		DISCONTINUED		
12.	Whether the pupil has paid all the fees due to the school	:	YES		
13.	3. Whether the pupil was in receipt of any scholarship (Nature of the scholarship to be specified)		NO		
14.	Whether the pupil has undergone Medical Inspection during the last academic year (First or Repeat to be specified)		<u>-</u>		
15.	Date on which the pupil actually left the school	:	02-07-2019		
	The Pupil's conduct and Character :		GOOD		
17.	7. Date on which application for Transfer Certificate was made on behalf of the pupil by the Parent or Guardian		06-07-2019		

Name of the School	Academic Year(s)	Standard(s) Studied	First Language	Medium of Instruction
Sri Sankara Matriculation Higher Secondary School, Peralam-609 405, Nannilam Tk., Thiruvarur D.T.	2018	V	Tamil	English
	2019	VI	Tamil	English
	-	-	-	-

06-07-2019

Declaration by the Parent or Guardian:

18. Date of the Transfer Certificate

19. Course of Study

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.

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