

Baner, Pune: 411 045. Maharashtra, INDIA Tel.: +91-20-65007681 $w\ w\ w\ .\ t\ h\ e\ o\ r\ c\ h\ i\ d\ s\ c\ h\ o\ o\ l\ .\ o\ r\ g$ contactus@theorchidschool.org

Transfer Certificate

Affiliation No.: 1130279		School Code: 4	5132				
Book No.:	5	Sr. No. 451	Ad	mission No.: B-019	51-14 G.R.No.: 181	01	
1.	Name of Pupil	HLOKA GA	ITAM	SAMBHARE			
2.	Mother's Name	CAYATRI	SAHU				
3.	Fathers/ Guardian's	s Name	TAM	SAMBHARE			
4.	Date of birth (in Christian Era) according to Admission & Withdrawal Register						
	(in figures) 6-06-2007 (in words) SIXTH JUNE 1400SE						
5.	Nationality / Ho	MAIC		_			
6.	Whether the candid	date belongs to So	hedule Ca	ste or Schedule Tribe	or OBC		
7.	Date of first admission in the School with class In Sto II In September 2014						
8.	Class in which the pupil last studied (in figures) MS1017 (in words) Go Four PERIWINIELLE						
9.	School / Board Annual examination last taken with result Sto IX - School						
10.	Whether failed, if so once / twice in the same class						
11.	Subjects Studied :	1 EHGUSH	2 Him	BDI 3 MATH	4 Sst 5	SCIENCE	L
12.	Whether qualified for	or promotion to th	e higher cl	ass <u>les</u>			
13.	Month upto which the pupil has paid school dues March 2017						
14.	Any fee concession available, if so nature of such concession Any fee concession						
15.	Total No. of working days in the academic session						
16.	Total No. of working days pupil present in the school						
17.	Whether NCC Cad	let / Boy Scout / G	irl Guide (details may be given) ₋	Ma		
18.	Games played or e	extra curricular act	ivities in w	hich the pupil usually t			
	(mention achievem	nent level therein)	-		or Chias	\	
19.	General conduct _	(coo)			Pune Pune	<u> </u>	
20.	Date of application				*	**************************************	
21.	Date of issue of ce	ertificate 1RA	MSFER	OF SCHOOL	- Issued Dr	1 - 22-6-1	7
22.	Reasons for leaving	^	1		4		
23.	Any other remarks	PROMOTI	D 10	STOX			
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