



SRI AUROBINDO PUBLIC SCHOOL

Sai Road, Baddi, Distt.Solan (H.P.)

Senior Secondary School affiliated to Central Board of Secondary Education, New Delhi

Web address: www.aurobindoschoolbaddi.org E-mail : principal@sapsbaddi.in Mob: 9805859066

TRANSFER CERTIFICATE

Affiliation No. 630089

School No.: 43081

Sr. No.189.....

Admission No.1570.....

1. Name of Pupil DIKSHANT KASHYAP
2. Mother's Name MRS. PARVEEN RANI
3. Father's Name MR. ASHOK KUMAR
4. Nationality INDIAN
5. Date of birth according to Admission & Withdrawal Register (in figures) 06/01/2006
- (in words) SIXTH JANUARY TWO THOUSAND SIX
6. Proof for Date of Birth submitted at the time of admission BIRTH CERTIFICATE
7. Whether the candidate belongs to Schedule caste or Schedule Tribe or OBC YES - SC
8. Date of first admission in the School with class 26/04/2010 NURSERY
9. Class in which the pupil last studied (in figures) X (in words) TENTH
10. School / Board Annual examination last taken with result AISSE 2023
11. Whether failed , if so, once / twice in the same class QUALIFIED
12. Subjects studied : 1. ENGLISH LNG & LIT. 2. HINDI 3. MATHEMATICS 4. SCIENCE
- 5. SOCIAL SCIENCE 6. INFORMATION TECHNOLOGY
13. Whether qualified for promotion to the higher class QUALIFIED
- If so, to which class (in figures) CLASS XI (in words) CLASS XI
14. Month up to which the pupil has paid school dues MARCH
15. Any fee concession availed of. If so, the nature of such concession BPL
16. Total No. of working days in the academic session 205
17. Total No. of working days pupil present in the school 191
18. Whether school is under Govt/Minority/Independent category INDEPENDENT
19. Whether NCC Cadet / Boy Scout / Girl Guide (details may be given) NIL
20. Games played or extra-curricular activities in which the pupil usually took part
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21. General conduct SATISFACTORY
22. Date on which pupils name was struck off the rolls of the school 07/06/2023
23. Date of application for certificate 07/06/2023
24. Date of issue of certificate 07/06/2023
25. Reasons for leaving the school PARENT'S REQUEST
26. Any other remarks NIL

Class Teacher

Checked By
(full name and designation)

