



# 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](http://www.aurobindoschoolbaddi.org) E-mail : [principal@sapsbaddi.in](mailto:principal@sapsbaddi.in) Mob: 9805859066

## TRANSFER CERTIFICATE

Affiliation No. 630089

School No.: 43081

Sr. No. 95

Admission No. 1325

1. Name of Pupil DIVYANSHI
2. Mother's Name MRS. SUMAN
3. Father's Name MR. JAI PARKASH
4. Nationality INDIAN
5. Date of birth according to Admission & Withdrawal Register (in figures) 02/03/2006  
(in words) SECOND MARCH 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 NO
8. Date of first admission in the School with class 16/03/2009 NURSERY
9. Class in which the pupil last studied (in figures) X (in words) TENTH
10. School / Board Annual examination last taken with result APPEARED FOR BOARD EXAM
11. Whether failed , if so, once / twice in the same class -----
12. Subjects studied : 1.ENGLISH 2.HINDI 3.MATHEMATICS 4.SCIENCE 5.SOCIAL SCIENCE
13. Whether qualified for promotion to the higher class NOT APPLICABLE  
If so, to which class (in figures) ----- (in words ) -----
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 N.A
16. Total No. of working days in the academic session 206
17. Total No. of working days pupil present in the school 162
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 GOOD
22. Date on which pupils name was struck off the rolls of the school 04/04/2023
23. Date of application for certificate 03/04/2023
24. Date of issue of certificate 04/04/2023
25. Reasons for leaving the school PARENT'S REQUEST
26. Any other remarks RESULT AWAITED

Class Teacher

Checked By

(full name and designation)

