



PHOENIX PUBLIC SCHOOL

Address: Near Kaili Hospital, Vill: Dudaura, Basti, (U.P)

Contact No: 6392411909, 9161412000

☆ Website : www.ppsbst.in

☆ Gmail : phoenixcampus2@gmail.com

TRANSFER CERTIFICATE

SCHOOL NO.: _____ BOOK NO.: _____ S.R. NO.: _____ ADMISSION NO.: _____
AFFILIATION NO.: _____ RENEWED UPTO : _____ STATUS OF THE SCHOOL : _____
REGISTRATION NO. OF THE CONDIDATE (IN CASE CLASS IX TO XII) : _____

- 1 - NAME OF PUPIL : _____
- 2 - MOTHER'S NAME : _____
- 3 - FATHER'S NAME : _____
- 4 - NATIONALITY : _____
- 5 - WHETHER THE PUPIL BELONGS TO SC/ST/OBC/CATEGORY : _____
- 6 - DATE OF BIRTH ACCORDING TO THE ADMISSION REGISTER :
IN FIGURE : _____
IN WORDS : _____
- 7 - WHETHER THE PUPIL IS FAILED : _____
- 8 - SUBJECT'S OFFERED : _____
- 9 - CLASS IN WHICH THE PUPIL LAST STUDIED (IN WORDS) : _____
- 10 - SCHOOL/BOARD ANNUAL EXAMINATION LAST TAKEN WITH RESULT : _____
- 11 - WHETHER QUALIFIED FOR PROMOTION TO THE NEXT HIGHER CLASS : _____
- 12 - WHETHER THE PUPIL HAS PAID ALL DUES TO THE SCHOOL : _____
- 13 - WHETHER THE PUPIL WAS IN RECEIPT OF ANY FEE CONCESSION, IF SO THE NATURE OF SUCH CONCESSION : _____
- 14 - WHETHER THE PUPIL IS NCC CADET/BOY SCOUT/GIRL GUIDE (GIVE DETAILS) : _____
- 15 - DATE ON WHICH PUPILS' NAME WAS STRUCK OFF THE ROLLS OF THE SCHOOL : _____
- 16 - REASON FOR LEAVING THE SCHOOL : _____
- 17 - NO. OF MEETINGS UPTO DATE : _____
- 18 - NO. OF SCHOOL DAYS THE PUPIL ATTENDED : _____
- 19 - GENERAL CONDUCT : _____
- 20 - WHETHER SCHOOL IS UNDER GOVT./MINORITY/INDEPENDENT CATEGORY : _____
- 21 - ANY OTHER REMARKS : _____
- 22 - DATE OF ISSUE OF CERTIFICATE : _____

PREPARED BY
NAME & DESIGNATION

CHECKED BY
NAME & DESIGNATION

SIGN. OF PRINCIPAL
WITH OFFICAL SEAL


Principal

Phoenix Public School
Dudhaura, Basti (U.P.)


Manager

Phoenix Public School
Dudhaura, Basti (U.P.)