CYGNUS WORLD SCHOOL

MOTNATH MAHADEV ROAD, HARNI, VADODARA - 390 022
EMAIL : reachus@cygnusworldschool.com, www.cygnusworldschool.com

UDISE NUMBER : 24191307003

CBSE Affilliation No.430191   School Code : 10194

Book No. .....XI.........   Sr. No. .....399.........   Admission No. ..815............
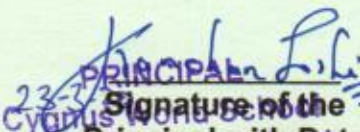
TRANSFER CERTIFICATE

1. Name of Pupil : **MADHAV VISHAL THAKKAR**
2. Mother's Name : **KARISHMA**
3. Father's / Guardian's Name : **VISHAL HARISH THAKKAR**
4. Nationality : **INDIAN**
5. Whether the candidate belongs to SC/ ST /OBC : **-**
6. Date of first admission in the School with class : **01-04-2017   GRADE   I**
7. Date of Birth (in Christian Era) according to Admission Register (in figures) **15-04-2011**
   (In words) **FIFTEENTH APRIL TWO THOUSAND ELEVEN**
8. Class in which the pupil last studied: (in figures) **III**
   (In words) **GRADE   THREE**
9. School / Board's Annual Examination last taken with result : **GRADE   THREE**
10. Whether failed, if so once/twice in the same class : **-**
11. Subjects Studied :1. **ENGLISH** 2. **HINDI** 3. **MATHS** 4. **THEME** 5. **DT**
12. Whether qualified for promotion to the higher class : **YES**
    If so, to which class (in figure) **IV** (in words) **GRADE   FOUR**
13. Month upto which the pupil has paid school dues : **31-03-2020   MARCH-20**
14. Any fee concession availed of. If so, the nature of such concession : **-**
15. Total number of working days in the Academic Session: **215**
16. Total number of working days pupil present in the School : **195**
17. Whether NCC Cadet / Boy Scout / Girl Guide (details may be given) **-**

18. Games played or extra-curricular activities in which the pupil usually took part:
    P.E, SKATING, DANCE, MUSIC, ART, YOGA, KARATE, CO-CURRICULAR ACTIVITIES
19. General conduct : **GOOD**
20. Date of application for certificate : **28-02-2020**
21. Date of issue of certificate : **23-03-2020**
22. Reason for leaving the school : **PARENTS WISH**
23. Any other remarks : **-**

Signature of
Class Teacher

SHWETA SHARMA
Checked by
(Full Name & Designation)
ADMISSION COORDINATOR

Signature of the
Principal with Date
Seal