

BHARTIYA VIDYA MANDIR

SENIOR SECONDARY SCHOOL KITCHLU NAGAR, LUDHIANA.

Affiliation No. 1630230

Affiliated to Central Board of Secondary Education, New Delhi

School Code 20225

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TRANSFER CERTIFICATE Admission No. 9546/

ok	No.	16	SL. No. 1763	
Name of the Pupil MANMEET KAUR				
	Mother's	Name MRS. DAMANPREET KAUR		
	Father's	/ Guardian's Name MR. DOVINDER SINGH etters)		
	Date Of	Birth (in Christian Era) According to Admission and Withdrawal Register		
	(in Figur	res) 20.03.2012 (in Words) THENTIETH MARCH T	NO THOUSAND THE	
	Proof for D.O.B. submitted at the time of admission D.O.B. CERTIFICATE BY CORPORATION			
		ity INDIAN	01 -0101 -017 11 -01	
		the candidate belongs to Schedule Caste or Schedule Tribe or OBC		
1	Date of	first admission In the school with class 01.04.2016 PRE NURSE	RX	
(Class In	which the Pupil last studied (in Figures)(in Words)	TH	
	School /	Board Annual Examination last taken with result PASS III	117	
١	Whether	failed, If so once / twice In the same class		
	Subjects	studied: 1. FNCITCH 2. HTNDT 3. PHYTODT 4.	COLEON COTENICE	
		s studied: 1. ENGLISH 2 HINDI 3. PUNJABI 4. 5 5. SCIENCE 6 MATHS 7. SANSKRIT 8.	DUCTHE SCIENCE	
1	Whe ther	qualified for promotion to the higher class PUNSUING FOURTH	(m)	
1	If so, to which class (in Figures) (in Words) FOURTH			
1	Month U	Ipto which the Pupil has paid school dues SEPTEMBER, 2022		
1	Any Fee	Concession availed of : If so, nature of such concession	A A Land	
		of Working Days In the Academic Session 186 2 3	The state of the s	
T	lotal No.	of Days Pupil remained present In the school		
Whether NCC Cadet / Boy Scout / Girl Guide (Detail may be given)				
Games Played or Extra Curricular Activities In which the pupil usually took part				
(achievement level therein)				
٧	Vhe ther	School is under Govt. / Minority / Independent Category		
		Conduct Coop	NT CATEGORY	
D	ate of A	Application for Certificate	1	
D	ate of I	ssue of Certificate	1	
Date on which Pupil's Name was Struck off the Rolls of the school				
R	Reasons	for Leaving the School	Danay Kami	
Any other Remarks Out The Order				
* HEREBY DECLARE THAT THE ABOVE MED MATION WAS				
	MOTHER'S NAME AND DATE OF BIRTH FURNISHED ABOVE IS CORRECT AS PER SCHOOL RECORD.			

Signature of Class Teacher

(Full Name and Designation)

Pripol Her