T.K.M. COLLEGE COMPLEX, KOLLAM - 691 005.

Ph: 0474 - 2711939, 2715650 Email: tkmcps@gmail.com

TRANSFER CERTIFICATE

Affiliation No: 930347

School Code 75319

Book No:

SI No:

Admission No:

- 1 Name of the Student
- 2 Mother's Name
- 3 Father's Name /Guardian's Name
- 4 Date of birth (in Christian Era) according to Admission and Withdrawal Register.(In figures&in words)
- 5 Proof for Date of Birth submitted at the time of admission
- 6 Nationality
- 7 Whether the candidate belongs to Scheduled Caste / Scheduled Tribe / OBC
- 8 Date of first admission in the school with class
- 9 Class in which the pupil last studied(in figure&in words)
- 10 School/Board Annual Examination last taken with result
- 11 Whether failed, if so once/twice in the same class
- 12 Subject studied
- 13 Whether qualified for promotion to the higher class If so, to which class(in fig&in words)
- 14 Total No. of working days in the academic session
- 15 Total No. of presence in the academic session
- 16 Month upto which the people has paid school dues
- 17 Any fee concession availed of, if so, the nature of such concession
- 18 Whether NCC Cadet/Boy Scout/Girl Guide(details may be
- 19 Whether school is under Govt./Minority/Independent Category
- 20 Games played on extra curricular activities in which the pupil usually took part(mention achievement level therein)
- 21 Date of application for certificate
- 22 Date on which pupils name was struck off the rolls of the school
- 23 Date of issue of certificate
- 24 Any other remarks

I héreby declare that the above information including Name of the Candidate, Father's Name, Mother's Name and Date Of Birth furnished above is correct as per school records.

Signature of the Principal

Date: