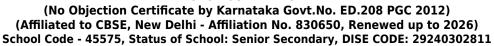
ST ALOYSIUS GONZAGA SCHOOL



PO Box No. - 720, Kodialbail, Mangaluru - 575003

Phone: 0824-2449724





TRANSFER CERTIFICATE

T C No: 49/2023-24 Admission No: 51/2023-24 STS No: 124733077

1 C NO: 49/2023-24 Au	IIIISSIOII NO: 31/2023-24 313 NO: 124/330//
1. Name of the Student	: ARYA SHARMA
Aadhar Card Number	: 962542849074
2. Gender	: MALE
3. Mother's Name	: SARITA SHARMA
Aadhar Card Number	: 888410757209
4. Father's Name	: ASHISH SHARMA
Aadhar Card Number	: 984285101605
5. Date of Birth according to the Admission Regist (in figures and in words)	ter : 12.02.2011, TWELFTH FEBRUARY TWO THOUSAND ELEVEN
6. Nationality : INDIAN Religion: HINDU	Caste: BRAHMIN Mother Tongue: HINDI
7. Whether the student belongs to S.C./S.T./OBC Category	:-
8. Class in which the student last studied (in figures and in words)	: CLASS VII (SEVENTH)
9. School/Board Annual examination last taken with result	th : SCHOOL, PASS
10. Whether the student is failed	: NO
11. Subject(s) offered	: ENGLISH, HINDI, KANNADA, MATHEMATICS, SCIENCE, SOCIAL SCIENCE
12. Whether qualified for the promotion to higher class	: YES, CLASS VIII
13. Whether the student has paid all dues to the school	: YES
14. Whether the student was in receipt of any fee concession, if so the nature of such concession	
15. Total number of attendance till last date	: 218/234
16. Whether NCC Cadet/Boy Scout/Girl Guide	:-
17. General Conduct	: GOOD
18. Date on which student's name was struck off t rolls of the school	the : 11-04-2024
19. Reason for leaving the school	: ON PARENTS REQUEST
20. Registration No. of the student (in case Class to XII)	IX : NA
21. Any other remarks	: NA
22. Date of issue of certificate	: 11-04-2024

Prepared by (Anisha Dias, Clerk)	Checked by (Shashikala, Clerk) (Shashikala, Cl
,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	1000000000000000000000000000000000000

Receiver's Signature with Date:
Name in full: