## ST ALOYSIUS GONZAGA SCHOOL



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

Phone: 0824-2449724

(No Objection Certificate by Karnataka Govt.No. ED.208 PGC 2012) (Affiliated to CBSE, New Delhi - Affiliation No. 830650, Renewed up to 2026) School Code - 45575, Status of School: Senior Secondary, DISE CODE: 29240302811



## TRANSFER CERTIFICATE

C No: 62/2023-24 Admission No: 144/1458/2021-22 STS No: 208 964 022

T C No: 62/2023-24 Ac	dmission No: 144/1458/2021-22 STS No: 208 964 022
1. Name of the Student	: SALVIN ROYAN MASCARENHAS
Aadhar Card Number	: 591133501664
2. Gender	: MALE
3. Mother's Name	: VINOLA ZEENA RODRIGUES
4. Father's Name	: SAVIL PRAKASH MASCARENHAS
<ol><li>Date of Birth according to the Admission Regis (in figures and in words)</li></ol>	ster : 08.10.2015, EIGHTH OCTOBER TWO THOUSAND FIFTEEN
6. Nationality	: INDIAN
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 III (THIRD)
<ol><li>School/Board Annual examination last taken we result</li></ol>	vith : SCHOOL, PASS
10. Whether the student is failed	: NO
11. Subject(s) offered	: ENGLISH, KANNADA, HINDI, MATHEMATICS, SCIENCE, SOCIAL SCIENCE
12. Whether qualified for the promotion to higher class	: YES, CLASS IV
13. Whether the student has paid all dues to the school	: YES
14. Whether the student was in receipt of any fe concession, if so the nature of such concessi	e : NO on
15. Total number of attendance till last date	: 219/234
16. Whether NCC Cadet/Boy Scout/Girl Guide	
17. General Conduct	: GOOD
18. Date on which student's name was struck of rolls of the school	f the : 15-04-2024
19. Reason for leaving the school	: ON PARENTS REQUEST
20. Registration No. of the student (in case Class to XII)	s IX : NA
21. Any other remarks	: NA
22. Date of issue of certificate	: 15-04-2024
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Prepared by

(Anisha Dias, Clerk)

Checked by (Shashikala, Clerk)

hashikala, Clerk) AFFILIATION CODE

Signature of Principal Principal Aloysius Gonza

St. Aloysius Gonzaga School P.B. 720, Mangalore - 575 003

Receiver's Signature with Date

Name in full: SAWIL PRAKASH MASCARENHAS