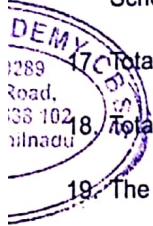


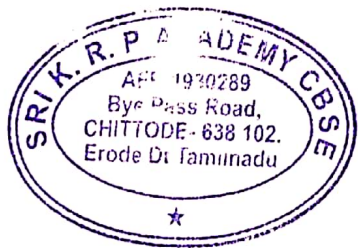
12. Whether the pupil has undergone any medical Check-up : ..... *YES* .....
13. Whether qualified for promotion to higher standard : ..... *yes. Promoted to XI std* .....
14. Whether the Pupil has paid all the fees due to the school : ..... *YES* .....
15. Whether the Pupil was in receipt of any Scholarship (Nature of the scholarship to be specified) or any Educational concessions : ..... *No* .....
16. Date on which the pupil actually left the School : ..... *29.03.2019* .....
17. Total number of working days : ..... *231* .....
18. Total number of working days present : ..... *225* .....
19. The Pupil's Conduct and Character : ..... *Good* .....
20. Date on which application for Transfer Certificate was made on behalf of the pupil by the parent or guardian : ..... *06.05.2019* .....
21. Date of issue of Transfer Certificate : ..... *07.05.2019* .....



22. Course of Study

Name of the School	Academic Year(s)	Standard(s) Studied	Second Language	Medium of Instruction
SRI K.R.P. ACADEMY CHITTODE, ERODE - 638 102.	2015 - 2019	VII std	Tamil /	English
		X std	Hindi	

23. Signature of the PRINCIPAL with date and with School Seal



*[Signature]*  
 PRINCIPAL,  
 SRI K.R.P.ACADEMY  
 Bye-Pass Road,  
 CHITTODE - 638 102  
 Erode,  
 Tamilnadu

**DECLARATION BY THE PARENT OR GUARDIAN**

I hereby declare that the particulars recorded against items are 2 to 7 are correct and that no change will be demanded by me in future.

*[Signature]*  
 Signature of the Student

*[Signature]*  
 Signature of the Parent / Guardian