

PUBLIC SCHOOL

LCIT PUBLIC SCHOOL

(Under the aegis of Shree Shree Vidya Sagar Ji Maharaj) Education Trust

TRANSFER CERTIFICATE

Hillian	on No	3330224		School Code :	15140	PEN NO.	22377324155	
Book N	0. 7	11		S.I. No. :	2196	U-DISE CODE	22070314305	
Admis	ssion No.	SC1504	66					
-1	Name of	Pupil	:		SHUBHA	AM SINGH YADAV		
2	Mother's	Name	ť	KUSUM KUMARI				
3	Father's/	Father's/Guardian's Name SANJAY SINGH YADAV						
4	Date of I (in figure	Birth (in christian Era) (2) 21-10-07	according to Adi	mission &Withdrawal Register				
5	Proof for Date of Birth submitted at the time of a			nission: BIRTH CERTIFICATE				
6	Nationali	ty	:			INDIAN		
7	Whether	the candidate belongs t	o Scheduled Ca	ste or Scheduled Tribe or OB			OBC	
8	Date of fi	rst Admission in the Sc	hool with class		1	26-06-2015 IN CLASS	SIII	
9	Class in v	which pupil last studied	(in figures)	:XII	(in words)	TWELFTH	
10	School / I	Board Annual examinati	on last taken w	vith result :		XII, PASSED		
IJ	Whether i	failed, If so, once /twice	in the same cla	ss:	NA			
12	Subjects S	Studied 1	ENGLISH CORE	2 ACCOUNTANCY	BUSINESS STUDIES	4 ECONOMICS	5 PHYSICAL EDUCATION	
13	Whether	qualified for promotion	to the higher cl	ass			ualified)	
	If so, to w	hich class (in fig.)			(in words)		-	
14	Total No.	of working days in the	academic sessio	n :		153		
15	Total No.	of working days pupil	present in the sc	hool :		89		
16	Month upto which the pupil has paid school dues :				Mar-25			
17	Any fee co	ncession availed of. If s	o, the nature of	such concession:		N	0	
18	Whether N	CC Cadet Boy Scout/G	irl Guide (detail:	s may be given):		N		
19	Whether school is under Govt./Minority/Independent Categor		ent Category:		INDEPENDENT CATEGORY			
20	Games play (mention ac	ed or extra curricular a chievement level therein	ctivities in whic	h the pupil usually took part		NA		
21 1	Date of app	lication for certificate				15-05-25		
22 1	Date on wh	ich pupils name was stri	name was struck off the rolls of the school:					
23 1	Date of issu	e of certificate		15-05-25				
24	Any other remarks CONDUCT IS GOOD							
	I hearby 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. Date: 15555 Signature of Signature of Principal							

Campus : Near High Court, Raipur Road, Bodri, P.O.Chakarbhata, Bilaspur (C.G.) 495 220 Phone : 9589000465, 9516606123 Email : info.lcitps@gmail.com Web : www.lcitps.edu.in