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|  | Karnataka Education Trust® **KARNATAKA PUBLIC SCHOOL**(Affiliated to Central Board of Secondary Education,New Dehli)**(CBSE Affln.No.830223)** # 22, Chokkanahalli, Hegde Nagar Main Road, Bangalore- 560064 Phone: 080 29736819 |

**TRANSFER CERTIFICATE**

**STS: 063 602 001**

**KET/KPS/TC/02/2020-21 Date:**

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| **1. Name of the School.** | **Karnataka Public School** |
| **2. Admission No.** |  |
| **3. Name of the Pupil (in full)** |  |
| **4. Place of Birth** |  |
| **5. Address** | CHOKKANAHALLI JAKKUR POST , YELAHANKA BLORE-64 |
| **6. Gender** |  |
|  |  |
| **7. Nationality/Religion/Caste** | INDIAN / HINDU/ KURUBAS |
| **8. Name of the Father/Mother** |  |
| **9. Whether pupil belongs to Scheduled Caste or      Scheduled Tribe** | No |
| **10. Whether qualified for promotion to higher      class** | Yes |
| **11. Date of Birth (in Christian Era)according to      Admission Register(in figure)** |  |
| **12. Date of First Admission in the School with      Class** |  |
| **13. Class in which the pupil last studied(in      figures)** |  |
| **14. Annual Examination last taken with result** |  |
| **15.In the Case of Pupil of Higher Standards,      Subject Studied** | 1)English 2)Hindi 3)Kannada 4)Mathematics 5)Science 6)Social  |
| **16.Whether Medically Examined or Not** | Yes |
| **17. Any Fee Concession availed(Nature and       Period to be specified)** | No |
| **18.Scholarship if any(Nature and Period to be      specified)** | No |
| **19. Total No. of working Days** |  |
| **20. Total No. of days present** |  |
| **21. Medium of Instruction** | ENGLISH |
| **22. Date of pupil's last attendance at school** |  |
| **23. Date of Application for Certificate** |  |
| **24. Date of issue of Certificate** |  |
| **25. Character and Conduct** | Good |
| **Clerk Sign** | **Principal's Signature** **with Seal** |