Name and Address of the Owner, where the Party of the Owner, where the Party of the Owner, where the Owner, which is the O
Delicates Server Start of Security Statements
Wage Cross Near Police Drown, Sharanast LIP E-mail: csmodemschool@yehop.com (Neb.: www.gsmodemschool.com)
Affiliation No. :2132369 Contact.: 8882858884, 8882888742 School Code.: 59269
Pagania V/Iligian foliat
Reg. No V/1/19/59269/63/ 1. Name of Pupil
1. Name of Pupil
2 . Mother's Name Sh. Mahitab Singh 3 . Father's / Guardian's Name Sh. Mahitab Singh
3 . Father's / Guardian's Name
4. Date of Birth (in Christian Era) according to admission a Withdrawai register (in rigules) (In Words) Two August Two Thousand Two
(In Words)
5 Nationality
6 . Whether the Candidate belongs to Scheduled Caste or Scheduled Tribe or OBC
7 . Date of first admission in the school with class
8 . Class in which the pupil last studied (in figures
9 . School / Board Annual examination last taken with result
10. Whether failed, if so once / twice in the same class
11. Subject studied: 1
12. Whether qualified for promotion to higher class if so, to which class(in figures)
13. Month upto which pupil has paid school dues
14. Any fee concession availed of: if so, the nature of such concession
15. Total No. of working days in the Academic Session
16. Total No. of working days pupil present in the School
17. Whether NCC cadet / Boy Scout / Girl Guide (Details may be given)
18. Games Played for extra-curricular activities in which the pupil usually took part, (mention achievement level therein)*
19. General Conduct
19. General Conduct 20. Date of application for Certificate 21-07-2018
23-0.1-2018
21. Date of issue of certificate Parents Request
21. Date of issue of certificate 22. Reason for leaving the school
23. Any Other Remark

Checked by (Full name and designation)

Signature of Class Teacher Full Name

Principal's Signature with Seal