



**SFS PUBLIC SCHOOL**  
**KUNNATHUR (NAGAMANGALAM),**  
**PUDUKKOTTAI-621316**

Admission No.

**TRANSFER CERTIFICATE**  
Recognised by the Director of School Education, Chennai-6  
R.C.No.46906/G1/S4 / 2018

Serial No.

**Reg.No.**

**T.M.R. Code. No**

**Certificate No.**

1. a. Name of the School **SFS PUBLIC SCHOOL**  
b. Name of the Educational District \_\_\_\_\_  
c. Name of the Revenue District \_\_\_\_\_
2. Name of the Pupil (in Block Letters) \_\_\_\_\_
3. Name of the Pupil's Father or Guardian \_\_\_\_\_  
Name of the Pupil's Mother \_\_\_\_\_
4. Nationality and Religion \_\_\_\_\_
5. Community: Whether he / she belongs to  
a) Adi Dravidar (Scheduled Caste or Scheduled Tribe) \_\_\_\_\_  
b) Backward Class \_\_\_\_\_  
c) Most Backward Class \_\_\_\_\_  
d) Convert to Christianity from Scheduled Caste of \_\_\_\_\_  
e) Denotified communities \_\_\_\_\_  
(If the pupil belongs to any of the five categories mentioned above, write "YES" against the relevant item & also indicate the particular community to which he/she belongs)
6. a) Sex Male / Female  
b) Blood Group \_\_\_\_\_
7. Date of birth as entered in the admission register  
(in figures and words) \_\_\_\_\_
8. Personal Marks a) \_\_\_\_\_  
of identification b) \_\_\_\_\_
9. Date of admission and standard in which he/she \_\_\_\_\_  
was admitted. (the year to be entered in words) \_\_\_\_\_
10. Standard in which the pupil was studying at the  
time of leaving (in words) \_\_\_\_\_
11. Whether qualified for promotion to higher standard \_\_\_\_\_
12. Whether the pupil has paid all the fess due to the school \_\_\_\_\_
13. Whether the pupil was in receipt of any scholarship  
(Nature of the scholarship to be specified) \_\_\_\_\_
14. Whether the pupil has undergone Medical Inspection  
during the last academic year (First or Repeat to be specified) \_\_\_\_\_
15. Date on which the pupil actually left the school \_\_\_\_\_
16. The pupil's Conduct and Character \_\_\_\_\_
17. Date on which application for Transfer Certificate  
was made on behalf of the pupil by the Parents or guardian \_\_\_\_\_
18. Date of the Transfer Certificate \_\_\_\_\_
19. Course of Study \_\_\_\_\_

Name of the School	Academic Year(a)	Standard (a) Studied	First Language	Medium of Instruction
SFS PUBLIC SCHOOL				

**Declaration by the Parent or Guardian**

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

Students Signature

Signature of the Parent or Guardian

Signature of the Principal/  
Head Master / Headmistress  
With date and school seal

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**Note: Erasures and Unauthenticated or Fraudulent alterations in the certificate will lead to its cancellation. Should be signed in ink by the head of the institution, who will be held responsible for the correctness of the entries.**