



# SIGMA SCHOOL

(To be affiliated by CBSE)  
 (Recognized by Director of School Education- Govt. of Tamilnadu Reg no: 001-23-S-0022-1121)  
 IG Valley, Manikandam, Tiruchirappalli-620012.  
 www.sigmatrichy.com | email: sigmaschooltry@gmail.com  
 Cell : 73731 44433

BOOK NO. : 004 029  
 TC NO. :  
 ADMISSION NO. :  
 EMIS NO. :  
 AADHAR NO. :  
 Educational : Tiruchirappalli  
 Revenue District : Tiruchirappalli

## TRANSFER CERTIFICATE

- Name of the Pupil ( in Block Letters) : S. SIRANJEEVI. SANJAI.
- Name of the Pupil's Father or Guardian : R. SATHESHWARAN.
- Name of the Pupil's Mother : S. MAHESWARI.
- Nationality and Religion : INDIAN. HINDU.
- Community he/she belongs to : D.N.C. KAL. P.T.A.R.
- Sex : MALE.
- Date of Birth as entered in the admission : 11.5.2009.
- Register (in figures and words) : ELEVEN - FIVE - TWO THOUSAND NINE
- Personal Marks of Identification  
 a) : SCAR. ON THE LEFT KNEE.  
 b) :
- Date of admission and standard in which he/she was admitted : 7.6.17. IV.
- Standard in which the pupil was studying at the time of leaving (in words) : VI - SIXTH.
0. Whether qualified for promotion to higher standard : YES.
1. Whether the Pupil has paid all the fees due to the school : YES.
2. Whether the Pupil was in receipt of any scholarship (Nature of the Scholarship to be specified) : -
3. Whether the Pupil has undergone Medical Inspection during the last academic year : YES.
4. Date on which the pupil actually left the school : 12.6.20.
5. The pupil conduct and character : GOOD.
- Date on which application for Transfer Certificate was made on behalf of the pupil by the parent /Guardian : 5.6.20.
6. Date of the Transfer Certificate : PARENT - 12.6.20.
7. Course of Study :



Name of the School	Academic Year (s)	Standard(s) Studied	First Language	Medium of Instruction
SIGMA SCHOOL Tiruchirappalli- 620012	2017 - 2020	IV to VI	English	ENGLISH.

Siranjeevi Sanjay S  
 Signature of the Student

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

Siranjeevi Sanjay S  
 Signature of the Student

[Signature]  
 Signature of the Parent/Guardian

[Signature]  
 PRINCIPAL  
 SIGMA SCHOOL  
 Signature of the Principal  
 Date: 12.6.20

\* Note: Erasures and Unauthenticated or Fraudulent alterations in the Certificate will lead to its cancellation.





# SIGMA SCHOOL

It is affiliated by CBSE  
 Recognized by Director of Technical Education - Dept. of Technical Education, No. 101, (P.O. 600025-1101)  
 15, Valley, Marikandam, Tiruchirappalli-620012.  
 www.sigmaschools.com | email: sigmaschools@sigmail.com  
 Call: 73771 44033

STATE NO. : 003  
 TC NO. : 056  
 ADMISSION YES :  
 BOARD YES :  
 ADMISSION NO :  
 Educational : Tiruchirappalli  
 Revenue District : Tiruchirappalli

## TRANSFER CERTIFICATE

Name of the Pupil (in Block Letters) : A. DHANAVARSHAN

Name of the Pupil's Father or Guardian : R. ASHOK KUMAR

Name of the Pupil's Mother : P. MYTHILY

Nationality and Religion : INDIAN - HINDU

Community he/she belongs to : ISAI KANNAN NAG

Sex : MALE

Date of Birth as entered in the admission register (in figures and words) : 19/2008  
ONE NINE THOUSAND EIGHT

Personal Marks of Identification  
 a) : A MOLE ON THE MIDDLE FINGER OF RIGHT HAND.  
 b) : \_\_\_\_\_

Date of admission and standard in which he/she was admitted : 22.8.19 VI

Standard in which the pupil was studying at the time of leaving (in words) : VI

Whether qualified for promotion to higher standard : YES

Whether the Pupil has paid all the fees due to the school : YES

Whether the Pupil was in receipt of any scholarship (Nature of the Scholarship to be specified) : \_\_\_\_\_

Whether the Pupil has undergone Medical inspection during the last academic year : YES

Date on which the pupil actually left the school : \_\_\_\_\_

The pupil conduct and character : GOOD

Date on which application for Transfer Certificate was made on behalf of the pupil by the parent / Guardian : 3.6.20

Date of the Transfer Certificate : 3.6.20

Course of Study : \_\_\_\_\_



Name of the School	Academic Year (s)	Standard(s) Studied	First Language	Medium of Instruction
SIGMA SCHOOL Tiruchirappalli- 620012	2019-2020	VI	English	ENGLISH

A. Dhana Varshan  
 Signature of the Student

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

A. Dhana Varshan  
 Signature of the Student  
[Signature]  
 Signature of the Parent/Guardian

[Signature]  
 PRINCIPAL  
 SIGMA SCHOOL  
 Tiruchirappalli - 12

Note: Erasures and Unauthenticated or Fraudulent alterations in the Certificate will lead to its cancellation.