



CM INTERNATIONAL SCHOOL

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SKP Campus, Balewadl, Pune - 411045.

Ph. : +91 7719980033 / 44 / 55 / +91 8956076412

www.cminternationalschool.com

(Affiliated to Central Board of Secondary Education)

TRANSFER CERTIFICATE

Affiliation No. : 1130948

School UDISE No. : 27251400213

School Code : 30919

Book No. : 13

SL. No. : 1270

G. R. No. : CMIS-2024-00314

1. Name of the Student : SHARVIL ANIL SHIRKE
2. Mother's Name : INDIRA ANIL SHIRKE
3. Father's/Guardian's Name : ANIL VITTHAL SHIRKE
4. Date of Birth (in Christian Era) according to Admission & Withdrawal Register (in figures) :
15-08-2014 (in words) : FIFTEEN AUGUST TWO THOUSAND FOURTEEN
5. Proof for Date of Birth submitted at the time of admission : BIRTH CERTIFICATE
6. Nationality : INDIAN
7. Whether the candidate belongs to Schedule Caste or Schedule Tribe or OBC : _____
8. Date of first admission in the School with class : 06-05-2024
9. Class in which the pupil last studied (in figure) : VII (in words) : SIXTH
10. School/Board Annual Examination last taken with result : _____
11. Whether failed, if so once/twice in the same class : NO
12. Subject Studied : 1 ENGLISH 2 HINDI 3 MARATHA 4 MATHS 5 SCIENCE 6 SOCIAL SCIENCE
13. Whether qualified for promotion to the higher class : _____
If so, to which class (in figure) : _____ (in words) : _____
14. Total No. of working days in the academic session : 40
15. Total No. of presence in the academic session : 33
16. Month upto which the pupil has paid school dues : NO DUES
17. Any fee concession availed of, if so, the nature of such concession : NO
18. Whether NCC Cadet/Boy Scout/Girl Guide (Details may be given) : NA
19. Whether school is under Govt./Minority/Independent Category : _____
20. Games played on extra curricular activities in which the pupil usually took part (mention achievement level therein) : CHESS AND FOOTBALL
21. General Conduct : GOOD
21. Date of application for certificate : 24-06-2025
22. Date on which pupil's name was struck off the rolls of the school : 10-07-2025
23. Date of issue of certificate : 10-07-2025
24. Any other remarks : _____

Signature of
Class Teacher

Checked by
(with full name and designation)

Signature of Principal *
with date & school seal

