

**ABU DHABI INDIAN SCHOOL (BRANCH 1), AL WATHBA**

CBSE affiliation No: 6630083

PO BOX: 79803, Abu Dhabi, UAE

Tel: 025831991 Fax: 025831992 Email: info@adiswathba.com**Transfer Certificate**

MOE Registration No / ESIS No : 405339

TC No : 219

School code:72782

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|---|---|
| 1. General Register Number | : 2464 |
| 2. Name of the Student | : Master VISHNU JOJI PADMANABHAN |
| 3. Sex | : MALE |
| 4. Name of Father/Legal Guardian | : JOJI PADMANABHAN |
| 5. Mother's Name | : PRASEETHA PRABHAKARAN |
| 6. Nationality | : INDIAN |
| 7. Date of birth according to admission register in Christian Era (in figures and words) | : 28 Jun 2003
: TWENTY EIGHTH JUNE TWO THOUSAND THREE |
| 8. Date of Admission | : 03 Mar 2015 |
| 9. Admitted to Class | : SEVENTH-7 |
| 10. Levels sucessfully completed at School | : 7,8,9,10 |
| 11. Date of Leaving the School | : 31 Mar 2019 |
| 12. Reason of Leaving | : TRANSFER OF RESIDENCE |
| 13. Transfer To | : India |
| 14. Class at the time of leaving | : Passed in 10 and promoted to 11 |
| 15. General Conduct | : GOOD |
| 16. Subjects Offered(As per CBSE) | : Music,Library,Physical Education,Elements Of Business,Fundamentals Of Information Technology,Activity,Arabic Language - Non Arabs,Weekly Test,Arabic Language - Non Arabs,Biology,Chemistry,Computer Science,English Language,Moral Studies - Non Muslim,Second Language - Hindi Language,Mathematics,Mep,Physics,Science,Social Science,Social Studies |
| 17. Remark | : PASSED ALL INDIA SECONDARY SCHOOL EXAMINATION (AISSE) CONDUCTED BY CBSE DELHI, INDIA IN MARCH 2019 |
| 18. C.B.S.E Roll No./ Pre-registration No. | : D/1/19/72782/0105 |
| 19. Student Attendance | : 186 / 195 |
| 20. No. of Days attended in the class to date | : 186 |
| 21. No. of Days in this class to date | : 195 |
| 22. Whether Qualified for Promotion | : NA |
| 23. Date of issue of TC | : 13 May 2019 |
| 24. Whether all dues paid to the School | : Yes |
| 25. NCC/Scout/Guide | : NA |



Certified that the above information is as per the records of the school. No changes are to be made except by the Authority issuing the Certificate.

[Signature]
Academic Coordinator

[Signature]
Verified By

[Signature]
Principal

For Official use only

Approved By:

Zone director:

Date of approval:

Stamp: