



Pravara Medical Trust's

Dr. BALASAHEB VIKHE PATIL CBSE SCHOOL

Shevgaon, Tal. Shevgaon, Dist. Ahmednagar-414502

Udise No. : 27261109050 Affiliation NO. 1131185

● Ph.02429-295445, Fax - 02429-295445 ● E-mail - pravaracbse@gmail.com



Sr.No. 001

Gen.Reg.No.

SCHOOL LEAVING CERTIFICATE

Student Saral ID	<input type="text"/>											
Unique ID (Aadhar No.)	<input type="text"/>											
1. Name of Student in Full Name, Father's Name, Surname	<input type="text"/>											
2. Mother's Name	<input type="text"/>											
3. Nationality	<input type="text"/>						4. Mother Tongue :					
5. Religion, Cast, Sub-Cast	Religion :				Cast :				Sub-Cast :			
6. Place of Birth (Village, City, Taluka, District State)	<input type="text"/>											
7. Date of Birth (according to Christian era.)	<input type="text"/>		-		<input type="text"/>		-		<input type="text"/>			
8. Date of Birth (in word)	<input type="text"/>											
9. Last School Attended & Std.	<input type="text"/>											
10. Date of admission & Std.	<input type="text"/>		-		<input type="text"/>		-		<input type="text"/>			
11. Progress	<input type="text"/>						12. Conduct :					
13. Date of leaving School	<input type="text"/>		-		<input type="text"/>		-		<input type="text"/>			
14. Standard in which studying & since when (in word & figures)	<input type="text"/>											
15. Reason of Leaving School	<input type="text"/>											
16. Remarks	<input type="text"/>											

* Certified that the above information is in according with the School Register No. 1

* (Note - In case any unauthorised change is made in the School leaving certificate the concerned will be libile for legal action.)

* Certificate Issuing Date : / /

Class Teacher

Clerk

Principal