

THE NEW INDIAN SCHOOL W.L.L KINGDOM OF BAHRAIN

APPLICATION FOR MISC. CERTIFICATES

Name of the Student:		
Grade:Div.: Admission No:	C.P. R N	No:
Duplicate Transfer Certificate for Academic Year	BD 5/-	
Duplicate Report Card for Academic Year	BD 5/-]
Course and Conduct Certificate	BD 5/-	_]
Study Certificate	BD 5/-	
Name of Parent/Guardian:		
Mobile No: C.P.R	No:	
Date:	Signatu	re of Parent/Guardian
For Office:		
Certificate(s) Issued: YES NO		
Amount Received:		
Date:	Sigr	nature:
For Parent:		
I hereby declare that I have verified all the details mention	ed in the certific	cate and they are correct.
Date Received:		
Received by:	Si	gnature: