



Shivalik Public School

SECTOR 78, S.A.S. NAGAR (MOHALI) -140308

Tel. No.: 0172-2990615, e-mail: shivalik78mohali@gmail.com

SCHOOL LEAVING CERTIFICATE

Sl. No.

Date:.....

1. Name of the Pupil:
2. Mother's Name :
3. Father's Name :
4. Nationality:
5. Date of Birth (in figures):.....
(in words):.....
6. Date of first admission in the school with Class.....
7. Admission No.
8. Class in which the pupil last studied:.....
9. Date of leaving the school:.....
10. School/Board Annual examination last taken with result:.....
11. Subject Studied: (1)..... (2) (3).....
(4)..... (5).....
12. Month upto which the (pupil has paid) school dues paid:.....
13. Total number of working days during the session:.....
14. Total number of working days present:.....
15. PEN Number:.....
16. General Conduct:.....
17. Date of application for school leaving certificate:.....
18. Date of issue of certificate:.....
19. Reason for leaving the school:.....
20. Any other remarks:.....
.....

Signature of Class Teacher

Principal

School Seal

School Recognition Code No: 03184100250