



DELHI PUBLIC SCHOOL

Mathura Road, NEW DELHI -110003

Tel: 011-43399200 Fax : 91-11-24359638

Email : mainoffice@dpsmathuraroad.org

CBSE Affiliation No.2730015, School ID-1924142

Transfer Certificate

Admission No :14154

PEN :20747406762

TC No. : 161

1. Name of Pupil **ZARAH SAMINA**
2. Mother's Name **SAMINA AQUIL**
3. Father's / Guardian's Name **MAHTAB ALI**
4. Date of Birth (in Christian Era) according to Admission **20 Jul 2010**
Register (in figures & words) **(Twentieth July Two Thousand Ten)**
5. Nationality **Indian**
6. Whether belongs to SC/ST /OBC **No**
7. Date of first Admission in the School **09 Apr 2014**
8. Class in which the pupil last studied **IX (Ninth)**
9. School/Board Annual Examination last taken with result **MID TERM EXAM**
10. Whether failed, if so once/twice in the same class **No**
11. Subject Studied **ENGLISH, HINDI, MATHS, SCIENCE & S.ST**
12. Whether qualified for promotion to the higher class **NO**
if yes, to which class
13. Month upto which the pupil has paid school dues **February, 2025**
14. Any fee concession availed If so, the nature of such concession **No**
15. Total No. of Working days **201**
16. Total No. of Working days Present **52 (25.87 %)**
17. Whether NCC Cadet/Boy Scout/Girl Guide **----**
(details may be given)
18. Games played or extra curricular activities in which the pupil **----**
usually took part (mention achievement level therein)
19. General Conduct **GOOD**
20. Date of application for certificate **25 Feb 2025**
21. Date of Issue of certificate **05 Jun 2025**
22. Reason for leaving the school **PERSONAL**
23. Any Other Remarks **SHE WAS STUDYING IN CLASS IX**

*Revised
1/07/25*

Signature
of Class
Teacher

Checked By
(with full name and
designation)

Signature of Principal
with PRINCIPAL
School Seal
DEHLI PUBLIC SCHOOL
MATHURA ROAD
NEW DELHI

Counter Signature
Dy. Director of
Education
(Zone-25)