

Certificate for Transition of Children
[Under Rule 6.B. (c)]

Transfer Application No. _____ Treasury ID No. _____

Name of the Teacher: _____

UDISE Code: _____ Name of the School _____

Name of the Mandal: _____ Phone No. _____

Class	No. of Children		Transition %
	2013-14	2014-15	
5 th to 6 th			
7 th to 8 th			
8 th to 9 th			

No. of Points he / she is eligible for _____.

Certify that the particulars furnished above are verified with the available records and are found correct. If any information is found incorrect by the authorities we are liable for disciplinary action in addition to prosecution, initiated by the authorities.

Signature of the Headmaster

Counter Signature of the Authority*

* Authority i.e., in case of teachers in PS and UPS, MEO / in case of HS, HM / in case of HM, DyEO.