



ANJANA SCHOOL OF EXCELLENCE

Add : Gut No 6, Talesaman, Fatiyabad Asegaon Road, Asegaon, Tq. Gangapur,
Dist. Aurangabad. 431002. Contact : 7721994777 / 8888860955

T.C. No. 0 : 05

MEDIUM : English

Gen Reg. No. :

U-disc No. : 2729020809

Web : www.apase.in

Index No. :

● SCHOOL LEAVING CERTIFICATE ●

Student I.D.

Aadhar Card No

Name of the Student : _____
(Surname) (Name) (Father's Name)

Mother's Name : _____ Nationality - INDIAN Mother Tongue : _____

Religion : _____ Caste : _____ Sub Caste : _____

Place of Birth (Village/City) _____ Tq. _____

Dist. _____ State : Maharashtra Country - INDIA

Date of Birth in Figures : _____

In Words : _____

Last School Name & Class : _____

Admission Date : _____ Class : _____

Progress : _____ Conduct : _____ School Date of Leaving : _____

Class in which studying and since when : _____

Reason for Leaving : _____

Remark : _____

certified that the above information is according to the School Record. (General Register No.....)

Date : _____ Month : _____ Year : _____

Class Teacher

Clerk

Principal