

REGISTRATION FORM –AKIS CBSE

FOR OFFICE USE ONLY – To be completed by the Admissions Office	
Academic Year: 2022-23	
Admission Number:	Date of Admission:
Admitted into Grade :	House:
New Admission <input type="checkbox"/>	Readmission <input type="checkbox"/>



This application **will not be accepted** without the submission of **ALL** required documents

APPLICANT INFORMATION

Family Name (as per passport): RANJITH KUMAR	Gender: Male: <input type="checkbox"/> Female: <input checked="" type="checkbox"/>
First Name (as per passport): KUNTHAVAI	Date of Birth (DD/MM/YYYY): 13.04.2016
Place of Birth (City/State): PATTUKOTTAI, TAMILNADU	Country of Birth: INDIA
Passport No.: V8368367	Nationality: INDIAN
Qatar ID No.: 31635603593	HMC Medical Card No.: HC 04600292
Religion: (required by MOEHE) Hindu <input checked="" type="checkbox"/> Muslim <input type="checkbox"/> Christian <input type="checkbox"/> Other <input type="checkbox"/>	Grade requested for admission: Grade-1
First Language: ENGLISH	Language spoken at home: TAMIL
As per the norms of the CBSE, Hindi or Arabic are compulsory subjects either as a second or third language: Second language to be offered: Hindi <input type="checkbox"/> French <input type="checkbox"/> Arabic <input checked="" type="checkbox"/> Tamil <input type="checkbox"/> Malayalam <input type="checkbox"/> Third language to be offered: Hindi <input checked="" type="checkbox"/> French <input type="checkbox"/> Arabic <input type="checkbox"/> Gujarati <input type="checkbox"/> Telugu <input type="checkbox"/>	
Special Co-Curricular Interest of the Child: Sports <input type="checkbox"/> Music <input type="checkbox"/> Drama <input type="checkbox"/> Art <input type="checkbox"/> Elocution <input type="checkbox"/> Dance <input checked="" type="checkbox"/> Other: _____	

DETAILS OF LAST SCHOOL (if applicable)

School Name:	Grade:
School Address:	
Syllabus followed in the school: I.S.C. <input type="checkbox"/> C.B.S.E <input type="checkbox"/> British <input type="checkbox"/> Other <input type="checkbox"/> (please specify): _____	

FAMILY INFORMATION

Home Address (in Qatar): C-20803 Al Khor Community

SPONSORING PARENT'S INFORMATION

Name: (as per passport) RANJITH KUMAR ARUNACHALAM
 Father Mother

Company: QatarGas AKIS Other (please specify) _____
 Staff No.: 3492

Qatar ID No.: 28135615501
 Nationality: INDIAN

Mobile No.: 33200798
 Home Tel. No.: 44174058
 Work Tel. No.: 44485444

Work Email Address: RARUNACHALAM@QatarGas.com.qa
 Personal Email Address: REVATHIYANJI@gmail.com
 Preferred contact:
 Work
 Personal

OTHER PARENT'S INFORMATION

Name: (as per passport) REVATHI NEELAKANDAN
 Father Mother

Qatar ID No.: 29135617637
 Nationality: INDIAN

Mobile No.: 50919153
 Home Tel. No.: 44174058
 Work Tel. No.: N/A

Email Address: REVATHIYANJI@gmail.com

Emergency Contact INFORMATION (other than parents and currently residing in Qatar)

Name: Nelson
 Relationship: Friend
 Tel No(s): 66937837

DETAILS OF OTHER SIBLINGS CURRENTLY IN AKIS-CBSE

DO YOU CURRENTLY HAVE CHILDREN REGISTERED AT AKIS? YES / NO NO. OF CHILD/REN IN AKIS _____

IF YES, PLEASE PROVIDE DETAILS BELOW:

Name	Grade	House

ANY ADDITIONAL INFORMATION

If there is any additional information that the school needs to be aware of, please indicate below, e.g. custody issue, special family circumstances, etc. Any legal issues will need to be supported by documentation and a copy to be provided to the school to be kept in your child's personal folder.

MEDICAL INFORMATION

Vaccination Records:

It is a mandatory requirement from the Ministry of Education and Higher Education and the Ministry of Public Health that the school obtains a record of the immunisation history of all new applicants.

Please attach 2 copies of your child's vaccination records.

Medical Conditions:

Does your child have any medical conditions e.g. asthma, diabetes, epilepsy? Please give full details below, attaching the latest medical record.

None

Allergies:

Please list below any allergies that the school staff should be aware of e.g. food or insect bites. If your child has serious allergies, please detail the action to be taken below. Please attach latest/applicable medical records.

None

Medication:

Please list below any medication that your child needs to take on a routine basis. Please give all information as to when and how this is to be taken. Please attach prescription from medical practitioner if any.

Nil

Additional/Special Needs:

Does your child have any additional/special needs that the school needs to be aware of?

Hearing Sight Speech Other - please specify: None

CONSENT DECLARATIONS

In the event that your child requires emergency treatment you will be contacted and asked to collect your child from the school. If the school is unable to contact you, your child will be taken to Al Khor Community Medical Centre (for eligible students)/ Hamad General Hospital for diagnosis and treatment. Efforts to contact you will continue.

I consent to my child being taken to a doctor/hospital in the event of a medical emergency.


(Signature)

I accept the judgment of Al Khor International School staff in all matters regarding health and safety. To the best of my knowledge, I have accurately detailed above all medical conditions and information that the staff should be aware of.

Name of Parent: RANJITH

Signature: 

Date: 28.08.2022

DECLARATION

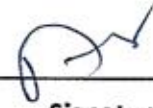
I confirm that the above information is correct. I agree to abide by all the policies of AKIS and accept that decisions of the Education Manager in any matter relating to the administration of AKIS as final.

I consent, agree to and understand the following:

- Should my child exhibit additional needs requirements beyond the existing capabilities of AKIS which were not apparent at the point of admission, AKIS has the right to seek the child's withdrawal.
- My child shall undergo any assessment considered educationally necessary by AKIS.
- My child will take part in the required whole school curriculum subjects (including swimming, music and Ministry of Education and Higher Education-mandated lessons).

RANJITH KUMAR

Name of Parent (In BLOCK letters)



Signature

28.08.2022

Date

CHECKLIST FOR REQUIRED DOCUMENTS	By Applicant	By Admissions Office
1. Original Letter of employment from the student's sponsor's company with home address	<input checked="" type="checkbox"/>	<input type="checkbox"/>
2. Registration form duly completed	<input checked="" type="checkbox"/>	<input type="checkbox"/>
3. Two colored passport size photographs	<input checked="" type="checkbox"/>	<input type="checkbox"/>
4. Copy of student's passport* (including parental detail page)	<input checked="" type="checkbox"/>	<input type="checkbox"/>
5. Copy of student's RP (Qatar ID)*	<input checked="" type="checkbox"/>	<input type="checkbox"/>
6. Copy of student's birth certificate*	<input checked="" type="checkbox"/>	<input type="checkbox"/>
7. 2 Copies of student's vaccination records	<input checked="" type="checkbox"/>	<input type="checkbox"/>
8. Attested copy of most recent school report (must be written in or translated to English)	<input checked="" type="checkbox"/>	<input type="checkbox"/>
9. Copy of Hamad Medical Corporation (HMC) card	<input checked="" type="checkbox"/>	<input type="checkbox"/>
10. Copy of student's sponsor's Qatar ID/RP	<input checked="" type="checkbox"/>	<input type="checkbox"/>
11. Copy of other parent's Qatar ID/RP	<input checked="" type="checkbox"/>	<input type="checkbox"/>
12. Copy of student's sponsor's passport	<input checked="" type="checkbox"/>	<input type="checkbox"/>
13. Copy of other parent's passport	<input checked="" type="checkbox"/>	<input type="checkbox"/>
14. Copy of Transfer Certificate*	<input checked="" type="checkbox"/>	<input type="checkbox"/>

* The original copy must also be presented for verification purposes

Admissions Office	Name	Signature	Date
Checked by:			
Reviewed by:			
Validated by Lead Registrar:			

شركة قطر غاز
للتشغيل المحدودة
ص ب ٢٢٦٦٦
الدوحة، دولة قطر
الهاتف: +٩٧٤ ٤٤٧٣ ٦٠٠٠
فاكس: +٩٧٤ ٤٤٧٣ ٦٦٦٦
www.qatargas.com.qa
Tel : 4452 3222
Fax : 4473 6345
Ref. : PA/3492/MAlrabban
Date : 03.08.2022



TO WHOM IT MAY CONCERN

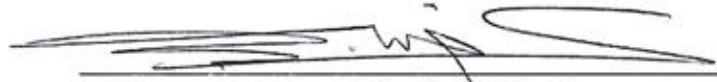
This is to certify that Mr. Ranjith Kumar Arunachalam (Staff No:3492) is an employee of Qatargas Operating Company Limited. Employee joined the Company on 30 January 2008.

We confirm that Mr. Ranjith Kumar Arunachalam is currently residing in Company provided accommodation as follows:

Residence Address

Flat C-20803 - AKC Al-Khor Housing Community
Al-Khor
P.O. Box 22166
State of Qatar

Yours faithfully,
For QATARGAS OPERATING COMPANY LIMITED


Ghada Al-Hitmi
SENIOR PA OPERATIONS SUPERVISOR





पिता / कानूनी अभिभावक का नाम / Name of Father / Legal Guardian

RANJITH KUMAR

माता का नाम / Name of Mother

REVATHI

पति या पत्नी का नाम / Name of Spouse

पता / Address

3/ 1420 SOUTH STREET, KURUVIKKARAMBAI 1

PERAVURANI, THANJAVUR

PIN: 614802, TAMIL NADU, INDIA

पुराने पासपोर्ट का नं. और इसके जारी होने की तिथि एवं स्थान / Old Passport No. with Date and Place of Issue

P1186169

26/10/2016

TIRUCHIRAPPALLI

फाइल नं. / File No.

QT0074497456121



V8368367



State Of Qatar
Residency Permit



دولة قطر
رخصة إقامة

ID.No: 31635603593

الرقم الشخصي:

D.O.B.: 13/04/2016

تاريخ الميلاد:

Expiry: 08/12/2022

الصلاحية:

الهند

الجنسية:

Nationality: INDIA

Occupation: طفلة

المهنة:



الاسم: كونثافي كومار

Name: KUNTHAVAI RANJITH KUMAR

Passport Number:

P1186169

رقم جواز السفر:

Passport Expiry:

25/10/2021

تاريخ انتهاء الجواز:

Serial No:

30131635603593

السرقة الممثل:

Residency Type:

عائلية

نوع الرخصة:

Employer:

رانجيث كومار ارينتلام

المستفيد:

مدير عام الإدارة العامة للجوازات
General Director of the General
Directorate of Passports

توقيع حامل البطاقة
Holder's signature



படிவம் 5
விதி 8ஐப் பார்க்க



Form No. 5
(See Rule 8)



தமிழ்நாடு அரசு
Government of Tamil Nadu



Municipal Administration & Water Supply Department
PATTUKOTTAI MUNICIPALITY / பட்டுகோட்டை நகராட்சி

BIRTH CERTIFICATE - பிறப்புச் சான்றிதழ்

(Issued Under Section 12/17 of the registration of Births and Deaths Act, 1969 and Rule of 8 of Tamil Nadu Registration of Birth and Death Rules 2000)

This is to Certify that the following information has been taken from the original record of BIRTH which is in the register for 3 of PATTUKOTTAI MUNICIPALITY of Taluk PATTUKOTTAI of District THANJAVUR of State TAMIL NADU

கீழ்க்கண்ட தகவல்கள் தமிழ்நாடு மாநிலம் தஞ்சாவூர் மாவட்டம் Pattukottai வட்டம் பட்டுகோட்டை நகராட்சி பிரிவு எண் 3 ஐ சேர்ந்த அசல் பிறப்பு பதிவேட்டிலிருந்து எடுக்கப்பட்டவை என சான்றிதழ் வழங்கப்படுகின்றது.

Name / பெயர் : KUNTHAVAI
Sex / பாலினம் : FEMALE
Date of Birth / பிறந்த தேதி : 13/Apr/2016
Place of Birth / பிறந்த இடம் : RAJAM HOSPITAL
NADIMUTHU NAGAR, PATTUKKOTTAI
614601
Name of Father / தந்தையின் பெயர் : RANJITH KUMAR
UID Number of Father / தந்தையின் ஆதார் எண் : XXXXXXXXXX
Name of Mother / தாயின் பெயர் : REVATHI
UID Number of Mother / தாயின் ஆதார் எண் : XXXXXXXXXX
Permanent Residential Address of the Parents /
தாய் தந்தையரின் நிலையான வீட்டு முகவரி : 3/1420 SOUTH STREET, KURUVIKKARAMBAI (PO),
PERAVURANI (TK) THANJAVUR DT
614802
Address of the Parents at the time of Birth of the Child /
குழந்தை பிறப்பின் போது தாய் தந்தையரின்
முகவரி : 3/1420 SOUTH STREET, KURUVIKKARAMBAI (PO),
PERAVURANI (TK) THANJAVUR DT
614802
Registration Number / பதிவு எண் : 106/2016/3/00738
Date of Registration / பதிவு செய்த தேதி : 16/Apr/2016
Remarks (If any) / :
Date of Issue / தேதி : 14/Oct/2016



Signature and Address of Issuing Authority
சான்றிதழ் அளிப்பவரின் கையொப்பம்
Birth and Death Registrar
PATTUKOTTAI MUNICIPALITY

ENSURE REGISTRATION OF EVERY BIRTH AND DEATH பிறப்பு / இறப்பு பதிவினை உறுதி செய்வீர்

Certificate No : BC/106/2016/0005516

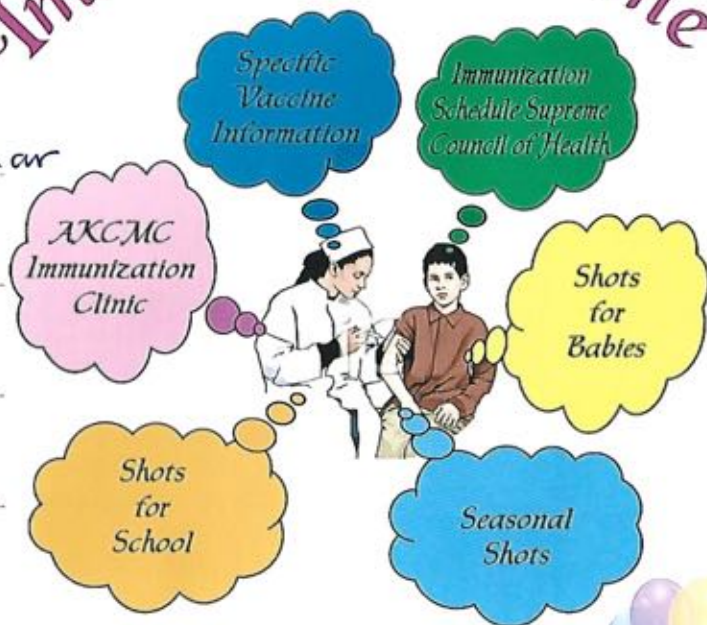
Immunize on Time

My Name: kunthavai kumar

My Birth Date: 13/4/2016

My Staff No: Q 3492

My Blood Group: _____



HC : 04600292

Q10 : 31635603593

12 Months Visit

Age	Weight	Length	Head Circumference	Temperature	Pulse	Respiratory Rate

Diet: Breast Milk Formula Mixed
 Finger Foods Solids

Development: Says Mama Walks with Help Hold Cup to Drink
 Bangs Objects Waves Bye Understands No

Safety: Tobacco Nuts Child Proof Home
 Hot Water Pools Car Seat

Parenting: Discipline

Dental: Tooth Brushing Avoid Sweets Bottle Caries

Vaccination	Given by	Site & Route	Batch No.	Date
MMR 1	} Given elsewhere			26/7/17
Varicella 1				28/5/17
Hepatitis A1				6/5/17

Notes:

15 Months Visit

Age	Weight	Length	Head Circumference	Temperature	Pulse	Respiratory Rate

- Diet:** Breast Milk Fresh Milk Table Food
- Development:** 3 Word Vocabulary Walks Use Cup
 Indicates Wants 2 Cube Tower
- Safety:** Tobacco Teach Hot and Cold Child Proof Home Drowning
 Car Seat
- Parenting:** Self Feeding Simple Games Temper Tantrums
- Dental:** Tooth Brushing Avoid Sweets Bottle Caries

Vaccination	Given by	Site & Route	Batch No.	Date
Tetra	- Julie	Lt arm IM	POA&2IM	- 8/NOV/17
PCV B	- " Given elsewhere			26/7/2017

Notes:



18 Months Visit

Age	Weight	Height	Head Circumference	Temperature	Pulse	Respiratory Rate

- Diet:** Breast Milk 3 Meal/Day-Snacks Fresh Milk
Development: 4 to 10 Words Scribbles Climbs Stairs
 Household Chores Answers Questions
Safety: Tobacco Electrical Outlets Hot Water
 Drowning
Parenting: Toilet Training Play with Others Temper Tantrums
Dental: Tooth Brushing Avoid Sweets Bottle Caries

Vaccination	Given by	Site & Route	Batch No.	Date
MMR 2	Julap	Lt arm SC	M006598	8 / Nov / 17
Hepatitis A2		Rt arm IM	M032729	
OPV B		Oral	M3B28	

Notes:

4 – 6 Years Visit

Age	Weight	Height	Blood Pressure	Temperature	Pulse	Respiratory Rate

- Diet:** 3 Meals & Snacks Importance of Breakfast
 Avoid Junk Food
- Development:** Clear Speech Copies Square Throws Ball
 Toilet Trained Tolerates Separation
- Safety:** Tobacco Safety Belts Watch Outdoor Play
 Water Safety Burns
- Parenting:** TV Programs Role Playing School
- Dental:** Tooth Brushing Avoid Sweets Dental Visit

Vaccination	Given by	Site & Route	Batch No.	Date
DTaPB	Ewzobers	i/m LD	A 637 B335ce	13/7/2021
Varicella 2		SLU RB	5031550	
OPV B		P.O	1800P088	

Notes: _____

AL KHOR INTERNATIONAL SCHOOL
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AL KHOR INTERNATIONAL SCHOOL

مدرسة الخور الدولية
AL KHOR INTERNATIONAL SCHOOL



CBSE

P.O. Box - 22166

Affiliation No.: 6330005 Phone : +974 - 44734301

E-mail Id : akisind@akis.sch.qa website : www.akis.sch.qa



Report Book

Class KG2

Session : 2021-22

Student Profile

Name of Student : **Kunthavai Ranjith Kumar**

Section : KG2C

Admission number : 502066

Qatari ID Number: 31635603593

Mother's Name : Mrs Revathi Neelakandan

Father's Name : Mr Ranjith Kumar Arunachalam

House : Avicenna

Date of Birth : 13/04/2016

Attendance

Percentage Attendance of student : 87.0 %



Ranjith Kumar

Class Teacher, KG2C

Shs

Deputy Head of CBSE Junior

Shs

Head of CBSE



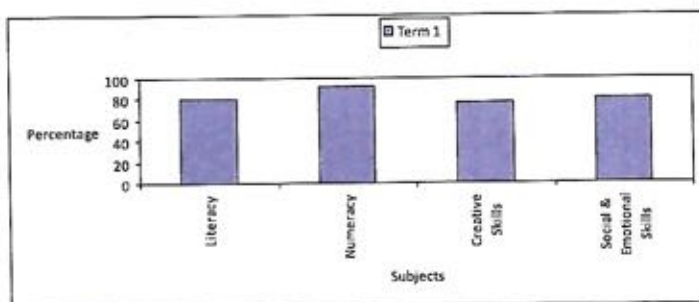
A.M.

LITERACY

LISTENING AND SPEAKING	TERM 1	TERM 2
Speaks in complete sentences	VG	E
Expresses ideas in front of a group	VG	E
Recalls and communicates clearly and confidently	VG	E
Enjoys listening to stories	VG	E
Listens attentively to the teacher	VG	E
Can recite rhymes expressively	VG	E

READING	TERM 1	TERM 2
Identifies upper case letters	VG	E
Identifies lower case letters	VG	E
Demonstrates phonic awareness	VG	E
Produces rhyming words	VG	E
Demonstrates print awareness	VG	E
Reads sight words	E	E
Comprehends and retells a story	VG	E

WRITING	TERM 1	TERM 2
Forms upper case letters	VG	E
Forms lower case letters	VG	E
Uses phonetic sounds for words and sentences	VG	E
Handwriting is well formed and neat	VG	E
Can make and write simple sentences	E	E
Knowledge of basic grammar	NA	E
Shows interest in writing	VG	E

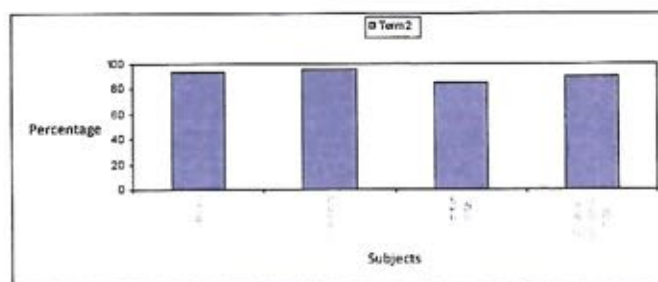


Overall Result: Promoted to Grade 1

NUMERACY	TERM 1	TERM 2
Identifies numbers up to 20 / 50	E	E
Counts numbers up to 20 / 50	E	E
Writes numbers up to 20 / 50	E	E
Joins numbers up to 20 / 50	E	E
Writes number names up to 10 / 20	E	E
Understands number value up to 20 / 50	E	E
Identifies geometric shapes	E	E
Demonstrates the concept of Addition 0-9	NA	E
Demonstrates the concept of Subtraction 0-9	NA	E

PHYSICAL DEVELOPMENT	TERM 1	TERM 2
Shows interest and participates	E	E
Shows good coordination of movements	VG	E
Follows instructions given (games, exercisesetc.)	VG	E
Shows keen interest in swimming	NA	NA
Enjoys swimming	NA	NA

CREATIVE SKILLS	TERM 1	TERM 2
Creates patterns and pictures	VG	VG
Is able to follow directions while painting	VG	E
Is creative in the use of crayons while colouring	VG	E
Grasps songs and tunes taught	VG	VG
Is able to follow instructions	VG	E
Engages in role play/ fantasy play	VG	E



SOCIAL AND EMOTIONAL SKILLS	TERM 1	TERM 2
Follows class rules	VG	E
Takes care of personal belongings	VG	E
Shares and takes turns	VG	E
Helps in the classroom	VG	E
Stays on task without supervision	E	E

STUDENT PROFILE

TERM 1

It has been a joy getting to know Kunthavi this term. She is an enthusiastic student who displays an excellent behaviour and is always willing to participate in-group discussions during live lessons. She enjoys listening to stories and is often the first one to re-tell a story, she does so displaying a high level of confidence. Her phonic awareness and formation of sentences using the sight words and three letter words is appreciated. Her numeracy skill is outstanding and she easily grasps new concepts taught in the class. In EVS, she displays and talks about personal items from home when they relate to topics of study. Keep doing the good work Kunthavai! Have a great year ahead.

TERM 2

Kunthavai is a self-disciplined and a hard working child. She expresses her ideas clearly, stays on topic, and responds well to questions. She consistently uses new vocabulary taught in the class and can make sentences on her own. She has an excellent grasp of numeracy concepts and is able to retain the process of the addition and subtraction. She enjoys, recalls and repeats the familiar songs and rhymes. Her general awareness has benefited her during discussions in class. I appreciate Kunthavai's hard work and motivation to give the best. I know you will be successful in first grade and beyond!





مؤسسة حمد الطبية
Hamad Medical Corporation

صحة - تعليم - بحوث
HEALTH - EDUCATION - RESEARCH

H.C. No. : **HC04600292**

البطاقة الصحية
Health Card

الإسم: **كونثافي كومار**

Name: **KUNTHAVAI RANJITH KUMAR**

Date of Birth: **13/4/2016**

تاريخ الميلاد:

Nationality: **Indian**

الجنسية: **هندية**

ID No: **31635603593**

الرقم الشخصي:

IF YOU FIND THIS CARD, PLEASE RETURN TO THE SECURITY DEPARTMENT OF HAMAD MEDICAL CORPORATION
إذا وجدت هذه البطاقة الرجاء إعادتها إلى قسم الأمن في مؤسسة حمد الطبية



الأعراض المرضية الأساسية
IMPORTANT MEDICAL DATA

- CAD
- RENAL FAILURE
- EPILEPSY
- ASTHMA & COPD
- HYPERTENSION
- DRUGS ALLERGY
- DIABETES MELLITUS
- IMUNOSUPPRESSED
- COAGULATION DISORDER

BLOOD GROUP:

HEALTH CENTRE **75**

تاريخ الإصدار
4/1/2017

PHC :
Location : **48505KRN**

State Of Qatar
Residency Permit



دولة قطر
رخصة إقامة

ID.No: 28135615501 الرقم الشخصي:
D.O.B.: 28/02/1981 تاريخ الميلاد:
Expiry: 28/01/2023 الصلاحية:
الهند الجنسية:
Nationality: INDIA
Occupation: فني المهنة:



الاسم: رانجيث كومار ارينكلام

Name: RANJITH KUMAR ARUNACHALAM

Passport Number: R8304251 رقم جواز السفر:
Passport Expiry: 19/02/2028 تاريخ انتهاء الجواز:
Serial No: 30828135615501 الرقم الممسلسل:
Residency Type: عمل نوع الرخصة:
Employer: شركة قطر غاز للتشغيل المحدوده المستقدم:

مدير عام الإدارة العامة للجوازات
General Director of the General
Directorate of Passports

توقيع حامل البطاقة
Holder's signature



State Of Qatar
Residency Permit



دولة قطر
رخصة إقامة

ID.No: 29135617637
D.O.B.: 25/06/1991
Expiry: 19/07/2024

الرقم الشخصي:
تاريخ الميلاد:
الصلاحية:
الجنسية:



Nationality: INDIA
Occupation: ربة منزل

المهنة:

الاسم: رفاثي لينكاندان

Name: REVATHI NEELAKANDAN

Passport Number:

M9237461

رقم جواز السفر:

Passport Expiry:

06/05/2025

تاريخ انتهاء الجواز:

Serial No:

30229135617637

الرقم الممثل:

Residency Type:

عائلية

نوع الرخصة:

Employer:

رانجيت كومل اريتكلام

المستقدم:

مدير عام الإدارة العامة للجوازات
General Director of the General
Directorate of Passports

توقيع حامل البطاقة
Holder's signature



रिजर्व / OBSERVATION

रिजर्व / MISCELLANEOUS SERVICE



M9237461

पिता / कानूनी अधिकारक का नाम / Name of Father / Legal Guardian

NEELAKANDAN

माता का नाम / Name of Mother

SELVI

पति या पत्नी का नाम / Name of Spouse

RANJITH KUMAR

पता / Address

4/3/60A, UDAYAKKADU, MARUNGAPPALLAM PO

PERAVURANI TK, THANJAVUR

PIN: 614802, TAMIL NADU, INDIA

पुराने पासपोर्ट का नं. और इसके जारी होने की तिथि एवं स्थान / Old Passport No. with Date and Place of Issue

फाइल नं. / File No.

TR1068425960915

Affiliated to CBSE New Delhi, India
(Affiliation number: 6330005, School Code: Old) 72624 (New) 90054)

TRANSFER CERTIFICATE

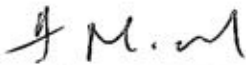
Ref. TC No: AKIS/ADMS/22/0172

Admission Number: 502066

Qatar ID number: 31635603593

1. Name of the pupil in full: Kunthavai Ranjith Kumar
2. Sex: F
3. Father's name: Mr Ranjith Kumar Arunachalam
4. Mother's name: Mrs Revathi Neelakandan
5. Nationality: India
6. Whether the candidate belongs SC/ST/OBC: General
7. Date of Birth: 13 April 2016
8. Date of first admission with class: 24 August 2020, Kindergarten 1
9. Class in which the pupil last studied: Grade 1
10. Subject Studied: 1.English 2.Tamil 3.Mathematics 4.Environmental Education
5.Computer Science
11. Exams last taken in school: Final Exams in Kindergarten 2
12. Whether qualified for promotion to higher class: Promoted to Grade 1
13. Days attended: 16 out of 23
14. Last attendance in school: 12 May 2022
15. Reason for withdrawal: Other
16. General Conduct: Good

Certified that the above information is in accordance with the school records.



Hussein Modak
Executive Principal



12 May 2022

Date