

Date:_____

Shri. Balaji Bahuddeshiya Shikshana Sanstha (Regd.)

DREAM DALE PUBLIC SCHOOL

Bhandara, Tah. Bhandara, Dist. Bhandara. Mob.: 7020082198

Govt. Recognised Self Financed School

Reg.No. PRY/B/S.F./11050/2013

E-mail: dreamdalepublicschool@gmail.com

Year: _____

SL No		General Reg. No.	
Udise No. : 27100100171	Board	Concerned	No
SCHOOL	LEAVIN	IG CERTI	FICATE
Student ID :	U.I.D. (/	Adhar No.) :	
Full Name of the Student: _			
	(Name) (I	Father's Name)	(Surname)
Mother's Name :			
Nationality :			
Religion :	Caste :	Sub-caste	:
Place of Birth :	Tah	Dist	
State	Cou	intry :	
Date of Birth (Christian Era.)	:		
(In the words) :			
Last School Attended and Class :			
Date of Admission :			
Progress in the study:			
Date of leaving school :			
from which class & when (Date) : (In words)			
Reason of leaving school :			
Remarks :			
This is to certify the Register No. 1.	at above given infor	mation is true accordin	g to the school General

Class Teacher Clerk Head Master

Month: _____