

Management Name:	Shivch	Shivchhatrapati Bahuddeshiya Shikshan Prasarak Mandal Sarola Lotus Podar Learn School - Omerga			
School Name:	Lotus				
Address: Sama		arth Nagar, Behind Shivpuri Colony Omerga, Tal – Omerga, Dist - Osmanabad, Maharashtra			
Taluka:	Omer	ga	District:	Osmanabad	
Phone No.:	99707	766325	Email:	admin.lpls@podar.org	
Serial No.:			General I	Register No.:	
School Recognition No.:	SFS-10	018/P.K.283/SM-2	Medium:	English	
UDISE No.: 272904	409043	Board:	CBSE	Affiliation No.: 1130934	
		School Lea	ving Certi	ficate	
Student I.D:		Saral - ID:		UID No.(Adhar Card No.):	
Student's Full Name:(Na	ame)			(Father's Name)	
(Surna	ame)			(Mother's Name)	
Nationality:				Mother Tongue:	
Religion:		Caste:		Sub Caste:	
Place of Birth(Village/City):		Taluka:			
District:		State:		Nation:	
Date of Birth (In Figure	s): _				
Date of Birth (In Words	): _				
Previous School & Divisi	ion: _				
Date of Admission:			9	Std:	
Progress:	-				
Behavior:	_				
Date of Leaving School:	:				
Std. studying & from wl	- hen (In	Figures and words):			
Reason for leaving the	school:				
Remark:					
It is certified that the al	bove inf	formation is as per Req	gister No.1		
Date:		Month:		Year:	
	<b>6</b> 1			Sign(Headmaster/Principal)	

Class Teacher Accountant

Sign(Headmaster/Principal)

Seal