APPLICATION FOR TRANSFER CERTIFICATE

(FILL IN CAPITAL LETTER ONLY)

NAME OF STUDENT	
FATHER'S NAME	
MOTHER'S NAME	C PILLOUND
DATE OF BIRTH	ADMISSION NO.
CLASS	DATE OF ADMISSION
STUDYING IN CLASS	LAST EXAMINATION ATTENDED
PASSED OR FAILED	
MONTH UPTO WHICH SCH	OOL FEE PAID
REASON FOR LEAVING TH	E SCHOOL OF THE SCHOOL
DATE OF APPLICATION_	RAIN PA
DATE OF ISSUED	y 0,
CATEGORY (GENERAL) (OBC) (SC) (ST
	-SELF DECLARATION-
The above mentioned data re	garding my son/daughter/ward is to the best of my knowledge. I kindly req
you to grant the Transfer Cer	ificate of my son/daughter/ward.
	Signature of Parent/Guardian
	-TRANSFER CERTIFICATE RECEIVING-
RECEIVED BY (FULL NAME AS	PER VALID ID PROOF)
RELATIONSHIP WITH STU	DENTS
	R (AADHAR/VOTER ID, PAN ETC.)
MOBILE	DATE

Note- One photo copy of id proof attached with this application.