



**APPLICATION FOR TRANSFER CERTIFICATE / SCHOOL LEAVING CERTIFICATE**

**STUDENT'S PARTICULARS**

Full Name: \_\_\_\_\_

Class: \_\_\_\_\_ Section: \_\_\_\_\_ Admission No. \_\_\_\_\_

Mother's/Father's/Guardian's Name : \_\_\_\_\_

Address: \_\_\_\_\_

Mobile Number: \_\_\_\_\_ Landline Number: \_\_\_\_\_

**Note: Original Transfer Certificate can be collected from the school campus only after clearance of school office.**

**REASON FOR APPLICATION**

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Parent Signature

Date

**FOR OFFICE ONLY**

**Academic Department**

Total No. of Working days: \_

No. of Days Present: \_

Student Conduct (To be ticked by the Class Teacher): Upto School's expectation / Not upto School's expectation

Name of the Class Teacher:

Sign of Class Teacher:

Signature of Coordinator:

No Dues	Name	Remarks	Initial
1. Library			
2. Sci. Lab /Evs.Lab			
3. Sports			
4. Arts			
5. Music			
6. Computer			
7. Breakages/Any Other			

**Account Department**

8. Fee Due:

9. Transport Fee Due:

10. Accounts Department Clearance:

Clearance done by:

11. Principal's Approval and Signature:

Date of Issuing TC:

T.C. Number:

T.C. Received Signature by Parent & Date: