



APPLICATION FOR TRANSFER CERTIFICATE

TO BE FILLED BY PARENTS

NAME OF PUPIL CLASS & SECTION (STUDYING).....ADMISSION NUMBER.....
MOTHER'S NAME..... FATHER'S NAME
NATIONALITY WHETHER CANDIDATE BELONGS TO SC /ST.....
REASON FOR WITHDRAWAL
1).....2)..... 3)
SUBJECT OFFERED 4)..... 5)..... 6)

DATE/...../.....

SIGNATURE OF PARENT

TO BE FILLED BY CLASS TEACHER /DEPARTMENTAL INCHARGE

ADMISSION NUMBERCLASS IN WHICH THE PUPIL LAST STUDIED.....
DATE OF FIRST ADMISSION IN THE SCHOOL WITH CLASS
DATE OF BIRTH IN FIGURE/...../..... IN WORDS.....
SCHOOL BOARD EXAMINATION LAST TAKEN WITH RESULT
WHETHER FAILED IF SO ,ONCE /TWICE IN THE SAME CLASS
WHETHER QUALIFIED FOR PROMOTION TO HIGHER CLASS
IF SO TO WHICH CLASS
FEE PAID UPTO
TOTAL NO OF WORKING DAYSTOTAL NO OF WORKING DAYS PRESENT.....
WHETHER NCC CADET /BOYS SCOUT/GIRL GUIDE DETAILS
GAME PLAYED OR EXTRA CURRICULAR ACTIVITIES
IN WHICH THE PUPIL USUALLY TOOK PART
GENERAL CONDUCT
ANY OTHER REMARK

CLASS TEACHER'S SIGNATURE WITH DATE

CLEARANCE FROM OFFICE

LIBRARY SPORTS INCHARGE
ACCOUNTS(FEES PAID UPTO) LABORATORY
LABORATORY T.C ISSUED ON

DEPARTMENTAL INCHARGE SIGNATURE WITH DATE

PRINCIPAL