



APPLICATION FOR TRANSFER CERTIFICATE

STUDENT'S PARTICULARS

1. Name: _____

2. Class : _____ Section : _____ Admission Number: _____

3. Father's/Guardian's Name: _____

4. Address: _____

5. Phone :(F) (M)

6. Email ID : _____

REASON FOR APPLICATION

- Parent's transfer to another city
- Any other reason (Please specify below)

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I undertake to clear all dues of school before the TC is issued.

Signature of Parent

FOR OFFICE USE ONLY

TC Application received on by

Initials of EC/PA to the Principal of the School

Last date of Attendance - -

FOR ACCOUNTS DEPARTMENT

S.No.	Section	Remarks	Initials
1	Class Teacher		
2	Library Dues		
3	Labs Dues		
4	Computer Lab Dues		
5	Miscellaneous Dues		
6	Monthly Fee Dues Up to		
	Total Dues Amount		_____ Signature of Accountant _____ Date

T.C. may be issued Yes No Signature of Principal _____ Date _____