

**APPLICATION FOR TRANSFER CERTIFICATE**

**A. To Be Filled up From Parents**

**DATE:**

1. Name of the student \_\_\_\_\_
2. Class & Section \_\_\_\_\_
3. Student's Date of Birth \_\_\_\_\_
4. Father's Name \_\_\_\_\_
5. Father's Rank \_\_\_\_\_
6. Mother's Name \_\_\_\_\_
7. Nationality \_\_\_\_\_
8. Reason for leaving the school \_\_\_\_\_
9. Child will attend the class till \_\_\_\_\_
10. Fees Paid till \_\_\_\_\_

**Banking Details**

**Enter SBI(State Bank of India) Account Details only.**

11. Bank Account Holder Name \_\_\_\_\_
12. Bank Account Number \_\_\_\_\_
13. Bank IFSC \_\_\_\_\_
14. Bank Name \_\_\_\_\_
15. Phone No. \_\_\_\_\_

(I hereby to acknowledge all the details give above is correct)

(Signature of Parent)

**B. Remarks by Class Teacher**

1. Subjects Studied \_\_\_\_\_

2. Whether Promoted to Next Class \_\_\_\_\_

3. Fees Paid till \_\_\_\_\_

4. Class attend till \_\_\_\_\_

5. Total No. of working days during \_\_\_\_\_

6. Total No. of Days present \_\_\_\_\_

\_\_\_\_\_(Signature of Class Teacher)

**Remarks by Library Teacher**

\_\_\_\_\_(Signature of Library Teacher)

**Remarks by Health Wellness Teacher**

\_\_\_\_\_(Signature of Health Wellness Teacher)

**Accounts Office**

1. Adm No. \_\_\_\_\_

2. Date up to AFS GPA Insurance Paid \_\_\_\_\_

3. Date of first Admission in the school \_\_\_\_\_

4. Class of first admission \_\_\_\_\_