

## APPLICATION FOR TRANSFER CERTIFICATE

Name of the School \_\_\_\_\_

Name of the Pupil \_\_\_\_\_

Name of Parent/Guardian and relationship of the pupil \_\_\_\_\_

Name of Mother \_\_\_\_\_

Nationality \_\_\_\_\_

Community & Religion \_\_\_\_\_

Whether the candidate belongs to SC or ST or OBC \_\_\_\_\_

Date of birth according to Birth Certificate (in words) \_\_\_\_\_

Standard in which the pupil was last enrolled (in words) \_\_\_\_\_

Reason for leaving \_\_\_\_\_

School to which the pupil intends proceedings \_\_\_\_\_

\_\_\_\_\_

Date of last successful vaccination \_\_\_\_\_

Admission No. \_\_\_\_\_

Identification Marks

1. \_\_\_\_\_

2. \_\_\_\_\_

Name of Parent \_\_\_\_\_ Signature \_\_\_\_\_

Mob. No. \_\_\_\_\_

Place \_\_\_\_\_

Date \_\_\_\_\_