

ANGEL'S PUBLIC SCHOOL



Transfer Certificate Application

STUDENT'S PARTICULARS

Date

(In BLOCK Letters)

Name

Class Section Admission Number - -

Father's/Guardian's Name

Address for future communication

Phone Number (R) (O)

Mobile Number E-mail ID

REASON FOR APPLICATION Parent's transfer to another city Any other reason (Please specify below)

REFUND

Please adjust any dues that stand in my ward's name from the Security Deposit, if held by the school. Balance, if any, may be refunded to me through RTGS/NEFT in my account as per school records. I also 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 PA/EA to Head of the School

Last Date of Attendance - -

FOR ACCOUNTS DEPARTMENT

S. No.	Section	Remarks	Initials
1	CLASS TEACHER		
2	RESOURCE CENTRE	Title Accession Number Issued on	
3	H & PE DEPARTMENT	Item Price	
4	LAB DUES (Details)		
5	MISCELLANEOUS DUES		
6	REFUND DETAILS	Security Deposit Add: AMC (.....)* Add: Education Fee (.....)* Add: Transport Fee (.....)* Total Refundable Amount Less: Dues, if any Net Amount	Signature of Accountant Date

T.C. may be issued Yes No

Signature of Head of the School

Date

* The bracket shall indicate quarter/ month, as applicable