

**LEAVING CERTIFICATE APPLICATION FORMAT**

From:

Name of the Applicant \_\_\_\_\_

Address of the Applicant \_\_\_\_\_

Date: \_\_\_\_\_

To,

The Headmistress

St. Mary of the Angels Convent High School,

Chinchinim

Sub: Issue of **Duplicate Leaving Certificate/ Leaving Certificate**

Respected Sr.

***I the undersigned/ I the undersigned parents of \_\_\_\_\_ kindly request you to issue me the Leaving Certificate/ me the Leaving Certificate of my son/ daughter, as (mention the reason for leaving) \_\_\_\_\_***

\_\_\_\_\_

***My details /His/Her details are as follows:***

Name : \_\_\_\_\_

Registration No: \_\_\_\_\_

Date of Birth: \_\_\_\_\_

Std & year of Admission in the School: \_\_\_\_\_

Currently Studying in : \_\_\_\_\_

Std & year of Leaving the School: \_\_\_\_\_

***Enclosed: Affidavit (in case of Duplicate Leaving Certificate)***

Thanking you

Yours faith fully

***(Name of the applicant)***