

Transfer Certificate

S. No:- _____ GR.No/Admi No:- _____

Name of the Pupil:- _____ Gender: _____

Class:- _____ in words:- _____

Father's Name:- _____

Mother's Name:- _____

Nationality:- _____

Category:- _____

Date of Birth:- _____ in words:- _____

Date of Admission in the school with class:- _____

Class in which the pupil last studying (in figures):- _____

Subject Studied: (i) (ii) (iii) (iv) (v)

Whether qualified for promotion to higher class:- _____

If so, to which class (in figure):- _____ (in words) _____

Month up to which the (pupil has paid) school dues paid: - _____

Total No. of working days:- _____

Total No. of days present: - _____

General conduct:- _____

Date of application for certificate:- _____

Date of issue of Certificate: - _____

Reason for Leaving: - _____

Class Teacher

Checked By

Principal