T.C. No -

## APPLICATION FORM FOR OBTAINING TRANSFER CERTIFICATE

The Principal Delhi Public School Guwahati

Cawanan	
Dear Madam,	
I would like to withdraw my ward whose particular	rs are given below from your school with effect from
Kindly issue the Transfer Certificate.	
,	
Admission No:	Class/Sec
Name of the Student (In Capital Letters) : _	
Date of Birth	:Nationality
Belongs to Schedule caste or Schedule Tribe	-FO
Father's Name	BEFURE
Mother's Name	1 1 1 2 2
Reason for withdrawal (In Details)	N/V/ OF E 7
SEI	1111
Name & Address of the school in which admissio	n is sought or planning for next studies:
Thenking you	Yours faithfully,
Thanking you.	
Date:	Name and Signature of Parent(s)
	nt ID card along with this application & minimum 7 working days will be
uired to prepared the T.C.2) Cancellation of TC attention at T	can be done not beyond 30 days. Beyond the said number of days, it will be
ated as new admission.	
To be filled	d by the Admission In charge
Date of Application:	Date of Withdrawal:
REMARK	IS BY THE FOLLOWING HEADS
1. Class Teacher Name:	Signature
A) Subjects Studied. 1) 2) _	3)4)
5)(	6) Third Lang
B) No .of working days	No. of working day's present (Till the date of applied)
2. Examination In Charge:	Pass/ Fail
0. A (5 (5 )	A. farmania
3. Accounts Section (Fees):	Any fee concession Signature
4. Sports (HOD) : Game of Choice	
Any achievement	ii) Signature
5. Computer :	, <del>-</del>
·	
7. Music Faculty :	
9. Library :	10.Hostel In-Charge:

**FOR OFFICE USE ONLY**