

# TRANSFER CERTIFICATE APPLICATION FORM

To,  
**The Principal**  
**Holy Innocents Public School**  
**Vennicode, Varkala**

**Date:..**

**Sir/Madam**

**This is to request you to provide the Transfer Certificate of My Ward :**

**Name of Student**

**Date of Birth**

**Fathers Name**

**Mothers Name**

**Class to which he/she was admitted**

**The present class**

**Reason for Leaving the School**

**Name of the school to join**

**Fee paid Up to**

**Last Date of Attending School**

**Signature of Parents/Guardian**

	<b>Year</b>
	<b>Section</b>
	<b>Dues</b>

**Princial's :**

**Contact No:.....**

## OFFICE USE ONLY

**Attendance and result of the student**

**Remarks of Accounts Department**


**Signature**

**Signature**


**Please collect your Transfer Certificate within 10 days of T.C Application Date**

**Signature of Authorised person .....**

**Date:.....**