

# TRANSFER CERTIFICATE APPLICATION FORM

To,  
The Principal  
Daffodils Public School, Sitapur

DATE : \_\_\_\_\_

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

Name of Student	_____		
Class	_____	Section	_____
Caste	_____	Category	_____
Aadhar No.	_____		
Contact No.	_____		
Date of Birth [dd/mm/yy]	_____		
Father's Name	_____		
Mother's Name	_____		
Reason for Leaving the School	_____		
	_____		
Fee Paid Up to	_____		
Any Recovery [balance]	_____		
Last date of Attending School	_____		

NOTE - PLEASE ATTACH XEROX OF PREVIOUS RESULT

Signature of Parents/Guardian

Signature of Authorized Person

NOTE: Please contact before collecting the Transfer Certificate: 94242-61336

## OFFICE USE ONLY

Attendance and Result of the Student	_____	Signature	_____
Remark of Accounts Department	_____	Signature	_____
Library No Dues	_____	Signature	_____