



BHARATIYA VIDYA BHAVAN'S GIPCL ACADEMY

NANI NAROLI

Application No: _____

Date: _____

APPLICATION REGARDING TRANSFER CERTIFICATE/ LEAVING CERTIFICATE

STUDENT'S PARTICULARS

NAME: _____

CLASS: _____ SECTION: _____ ADMISSION No. _____

MOTHER/FATHER/GUARDIAN NAME: _____

ADDRESS: _____

MOBILE NUMBER 1: _____ MOBILE NUMBER 2: _____

REASON FOR APPLICATION

Signature of Father

Signature of Mother

FOR OFFICE USE ONLY

1. T. C. Application received by: _____

Academic (to be filled by the Class Teacher)

1. Total No. of working days:	2. No. of days present:
3. Student Conduct (to be tick by Class Teacher): Up to School Expectation/ Not Up to school Expectation	
4. Name of Class Teacher:	5. Sign of Class Teacher:
6. Library Dues:	
Admin Department	
7. Last Fee Paid (Month & Year)	
8. Accounts Cleared by:	
9. Principals Approval & Signature:	
10. Date of Issuing T.C.:	
11. T. C. Number:	
12. T. C. Received (Sign & Date):	