

Date : .....

**APPLICATION FOR TRANSFER CERTIFICATE**

From

Name : .....

Address : .....

.....

.....

Contact Nos. ....

E-mail id .....

To

The Principal  
Assisi Vidyaniketan Public School  
Chembumukku, Kakkanad  
Kochi – 682021

Madam,

We, \_\_\_\_\_ & \_\_\_\_\_ Parents of \_\_\_\_\_  
of Class \_\_\_\_\_ Sec: \_\_\_\_\_ would like to apply for T.C. on completion of academic session  
20\_\_\_\_ - 20\_\_\_\_. Reason for application is \_\_\_\_\_.

**Details of Student :**

Name : ..... Admn. No. .... Class : ..... Sec.: .....

**Subjects Studied:**

1. .... 2. .... (2<sup>nd</sup> Lang.) 3. .... (3<sup>rd</sup> Lang)  
4. .... 5. .... 6. ....

**Name & Signature of Father :** .....

**Name & Signature of Mother :** .....

(Signatures of both parents are necessary. In case of absence of any one parent, separate letter of request should be forwarded by post or e-mail to [assisipublic@assisi.ac.in](mailto:assisipublic@assisi.ac.in))

-----**(FOR OFFICE USE ONLY)**-----

**Clearance for issue of T.C. :**

Fees : .....

Library : .....

Laboratories : .....

Office : .....

Signature of Class Teacher : ----- Signature of Principal : -----

Name & Signature of Office Staff issuing TC : .....

Name & Signature of Recipient : ----- Date of Issue : -----