

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 2019 – 2020.

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@yahoo.co.in](mailto:assisipublic@yahoo.co.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 :-----