

TRANSFER CERTIFICATE APPLICATION FORM

Please contact before collecting the Transfer Certificate : 0731-3220868, 3225004, 6466676-86

To,
The Principal
Advanced Academy
Indore

Date : _____

Sir,

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

Name of Student			
Father's Name			
Mother's Name			
Class		Section	
Scholar No.			
Reason for Leaving the School			
Fee Paid Up to			
Last Date of Attending School			

Signature of Parents / Guardian

Principal's Signature

OFFICE USE ONLY

Attendance and result of the student			Signature	
Remark of Accounts Department			Signature	
Library No Dues			Signature	

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

Signature of Authorised Person

Date : _____