

# GULF INDIAN SCHOOL

Appn. No:

T.C. No:

## APPLICATION FOR TRANSFER CERTIFICATE

Parents should complete the 1<sup>st</sup> segment and submit the form to the school office.  
*TCs will be issued from Sunday to Thursday between 9:30am – 12:30pm ONLY*

Name of the student :

Class & Section :

Admission No:

Reason for leaving :

Name of the school he / she  
Intends to join :

Parent's signature & date :

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To be filled by the Class Teacher :

Class & Section :

Main subjects studied : (i) ..... (ii) ..... (iii) .....  
(iv) ..... (v) ..... (vi) .....

Last date attended :

Co-curricular activities :

Conduct :

Present Status :

Date: \_\_\_\_\_

Signature of the Class Teacher

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Clearance from : Accounts Section Library Laboratory

Dues if any :

Signature of : Accountant Librarian Science Teachers

Date: \_\_\_\_\_

Principal's Signature