

BOSTON PUBLIC SCHOOL

(APPLICATION FOR TRANSFER CERTIFICATE)

DATE:-

Please issue the following documents in respect of my child/ward as below:-

TRANSFER CERTIFICATE

COUNTERSIGNED T.C

MARKSHEET

CHARACTER CERTIFICATE

STUDENT'S PARTICULARS

NAME:-			
CLASS:-		SESSION:-	
D.O.B:-		CASTE:-	
FATHER'S NAME:-			
ADDRESS:-			
MOBILE NO.:-			
PREVIOUS SCHOOL NAME:-			

Reason for TC

Transfer of Parent

Change of School (A) Local (B) Outstation

Financial Problem

Any other (Please specify)

Signature of Father's

Signature of Mother's

For Office Use Only

CLEARANCE DETAILS:-

SECTION	NAME	REMARKS	INITIALS
1. Class Teacher			
2. Librarian			
3. Sci. Lab.			
4. Sports			

T.C may be issued:

I/C's Signature

Principal's Signature

CLEARANCE FROM ACCOUNTS

DUES	AMOUNT:	NO DUES
Signature of A/C Deptt.		

T.C Issued on _____

T.C. No. _____