ORIENTAL SCHOOL

TRANSFER CERTIFICATE REQUEST / APPROVAL

Sl No: _____	**Application Fee:** Rs. 150/-	**Date:** _____

APPLICANT DETAILS

Applicant's Name	
Date	

STUDENT DETAILS

Student Name					
Registration No.		**Class / Sec**		**Roll**	
DOB		**Mobile No.**			
Father's Name					
Mother's Name					

REASON FOR LEAVING SCHOOL

■ Completion of Course	■ Change of Address	■ Medical Issues	■ Others (Specify)

Signature of Applicant

OFFICE USE ONLY

Fees Cleared: ■ Yes ■ No	**Library Clearance:** ■ Yes ■ No	**Hostel Clearance:** ■ Yes ■ No

Signature of Class Teacher | Sign of Principal / Vice Principal | Checked By | Verified By

FINAL STATUS

■ Approved	■ Rejected
Remarks	

Signature of Managing Director