

D.A.V. PUBLIC SCHOOL

VIVEKANANDA NAGAR COLONY, KUKATPALLY, HYDERABAD – 500 072

REQUEST PROFORMA FOR TRANSFER CERTIFICATE

ACADEMIC SESSION : 20 - 20 .

Date : _____

Admission No. _____

Class & Sec. _____

1. Name of the Student : _____
2. Father's Name : _____
3. Mother's Name : _____
4. Nationality : _____
5. Religion : _____
6. Caste : _____
7. Student's Date of Birth : _____
8. II Language : _____
9. III Language : _____
10. Reason for leaving the school : _____

11. Date of submission of TC Request : _____
12. Date of Requirement of TC : _____

Father's Sign with Name & Cell No.

Mother's Sign with Name & Cell No.

PRINCIPAL

NOTE : T.C. WILL BE ISSUED AFTER ONE WEEK.