

# D.A.V. PUBLIC SCHOOL

VIVEKANANDA NAGAR COLONY, KUKATPALLY, HYDERABAD – 500072

## 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. Student's Aadhar No. : \_\_\_\_\_
9. II Language : \_\_\_\_\_
10. III Language : \_\_\_\_\_
11. Reason for leaving the school : \_\_\_\_\_  
\_\_\_\_\_
12. Date of submission of TC Request : \_\_\_\_\_
13. Date of Requirement of TC : \_\_\_\_\_

Father's Sign with Cell No.

Mother's Sign with Cell No.

PRINCIPAL

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