

DELHI PUBLIC SCHOOL



APPLICATION FOR TRANSFER CERTIFICATE

Date

APPLICATION FOR WITHDRAWAL

1. Name of the Student : _____
2. Admission No. : _____
3. Grade : _____ Section: _____
4. Date of Birth : _____
5. Residential Address : _____
6. Telephone No. : _____
7. Reason for Withdrawal : _____
8. Father's Name/Legal Guardian's Name: _____
9. Mother's Name : _____
10. E-Mail : _____
11. Signature : _____

FOR OFFICIAL USE ONLY

1. Remarks of Library In-charge : _____
2. Remarks of Accounts In-charge : _____
3. Remarks of ADM Office In-charge : _____
4. T.C. No. _____ Issued on _____

(Signature of In-charge)

Name _____

(Signature of the Principal)

Received TC No. _____

(Signature of Parents)