APPLICATION FOR TRANSFER CERTIFICATE

The Principal	S *		
Sacred Heart CMI Public Sci	hool		
Thevara, Kochi - 682013	9		a
0:-		**************************************	
Sir	Codificate (TO) (
r lease issue a Transfer	Certificate (TC) for our child. Th	e details are given below:	
Admission Number :	Class: Division	n:	
Name	1		
Date of Leaving	, 1		
Reason for Leaving	1		
School to which the student is intended to move			
Name of the Applicant	E = -		
Relation of the Applicant with the	Student :		
Whether TC is be counter-signed	: Yes □ / No	Ö	. *
Signature of Father:	Signature of Mother :	Date:	
To be	used under the guidance	of the office	
I have received the Transfer Certi	ficate of the above mentioned s	tudent.	
TC Number:	Date on which TC was collected	:	
TC Register Number:	TC Register Page No:	TC Register Serial No:	
Name of the Person who collected	d TC:	60	
Relation:	Signature:	Date:	
TC sent for counter-signing by Re	gistered Speed Post on :		
Counter-signed TC received on :			
Intimated the parent/guardian on:	by		
Name & Signature of the Office-in-	-Charge and Date		