

KOSHI PUBLIC SCHOOL

VISHAL NAGAR, THARBITIA, SHIVPURI (MALADH)

Application for Transfer Certificate

Name of the child : _____

Date of Birth : _____ Admission No. : _____ Reg. No. _____

Father's Name : _____

Mother's Name : _____

Class: _____ Section: _____ Session: _____

Reason for leaving school: _____

Till what date Child will attend the school: _____

Month upto which fee paid : _____

Correspondence address:

Village _____ Post _____

District _____ Pin Code _____

State _____ Country _____

Any other Remarks: _____

Date: _____

For office Use

Fee is Paid upto which month _____ Session _____ Last Rcpt. No. _____

Issued TC No. _____

Signature of Parent

Verified by

Principal's Signature