

# TRANSFER CERTIFICATE APPLICATION FORM

Please contact before collecting the Transfer Certificate : 0731-3220868, 3225004, 6466676-86

To,  
The Principal  
Advanced Academy  
Indore

Date : \_\_\_\_\_

Sir,  
This is to request you to provide the Transfer Certificate of My Ward :

Name of Student			
Father's Name			
Mother's Name			
Class		Section	
Scholar No.			
Reason for Leaving the School			
Fee Paid Up to			
Last Date of Attending School			

Signature of Parents / Guardian

Principal's Signature

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## OFFICE USE ONLY

Attendance and result of the student		Signature	
Remark of Accounts Department		Signature	
Library No Dues		Signature	

Please collect your Transfer Certificate after 10 days of T.C. Application Date.

Signature of Authorised Person

Date : \_\_\_\_\_

# APPLICATION FOR CAUTION MONEY

Date : \_\_\_\_\_

To,

The Principal

Advanced Academy

Indore

Sir

Student name in block letters : \_\_\_\_\_

Class \_\_\_\_\_ Section \_\_\_\_\_ Scholar No. \_\_\_\_\_

Last Attendance in school : Day \_\_\_\_\_ Month \_\_\_\_\_ Year \_\_\_\_\_

Date of Birth \_\_\_\_\_ Fee Paid up to \_\_\_\_\_

Address & Ph. No. : \_\_\_\_\_

This is to request you to provide the transfer certificate for my ward named above since we want to withdraw him/her.

Reason \_\_\_\_\_

The caution money receipt No. \_\_\_\_\_ Date \_\_\_\_\_ Amount \_\_\_\_\_

is submitted herewith.

Thanking you

Name & Sign. of Parents

\_\_\_\_\_

(Father)

\_\_\_\_\_

(Mother)

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## OFFICE USE ONLY

(1) \_\_\_\_\_

(2) \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Librarian

Accountant

(3) \_\_\_\_\_

(4) \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Class Teacher

Principal

(Note : 20 days notice is required before withdrawal)