



ARMY PUBLIC SCHOOL GOLCONDA
HYDERABAD-500 031
APPLICATION FOR TRANSFER CERTIFICATE

TO BE COMPLETED BY THE PARENT

No _____

1. Name of the Student _____
(In block letters)
2. Name of Mother _____
(In block letters)
3. Name of father _____
(In block letters)
4. Present postal address of father _____

5. Future postal address of father _____

6. Class & section in which student is studying with group _____
7. Reason for leaving _____
8. Date of application _____
9. Date by which TC is required _____
10. Date of Birth _____
11. Date of joining in the school _____
12. Certified that there are no dues from the student :-
 - (a) Accts _____
 - (b) Librarian _____
 - (c) PTI _____
 - (d) Lab in charge _____
 - (e) School office _____
 - (f) Exam Cell _____

Hyderabad-31
Date : _____

(Signature of parent/Guardian)

TO BE FILLED IN BY THE CLASS TEACHER

1. Admission No _____
2. Date of pupils last attendance in the school _____
3. Date on which he/she was struck off the rolls _____
4. No of School days up to date of TC _____
5. No of school days pupil attended _____
6. Games played or other extra curricular activities in
Which the pupil usually took part _____
7. Any other remarks _____

Class Teacher

PRINCIPAL

TC No _____ Date _____ issued _____
NB : Application should be submitted at least 10 days in advance of the date on which TC is required.