

Assam Rifles Public School (High) Dimapur

Application form for Transfer Certificate

- 1. Admission No : _____
- 2. Name of the Pupil : _____
- 3. Father's/Guardian's name : _____
- 4. Nationality : _____
- 5. Category (ST/SC/GEN/OBC) : _____
- 6. Class in which admitted : _____
- 7. Admission date : _____
- 8. Date of birth : _____
- 9. Class in which studying : _____
- 10. Cause of withdrawal : _____
- 11. Contact Number : _____
- 12. Date of application : _____

I hereby declare that the above statement is true and correct.

Signature of Parent/Guardian

To be fill up by Class teacher

- 1. Admission Number : _____
- 2. Last attendance of school : _____
- 3. Date in which name was struck off : _____
- 4. Total number of working days : _____
- 5. Total number of student's present attendance : _____

6. Subject taken by the student:

Compulsory

Elective

7. School/Board of Annual Examination taken last with result: _____

8. Whether failed if so once/twice in the same class : _____

9. Whether qualified for promotion to higher class? (Yes/No) : _____

If so, to which class _____ (In words) _____

10. Games extra activities in which took place: _____

Name of class teacher: _____

Signature: _____

COUNTERSIGNED

Approved/Not Approved