

Lokmanya Tilak International School

Plot no 93-98, Sect-4, Vikas Nagar, Koparkhairane, Navi Mumbai-400709 Contact No .022-27541002/4 Email : ltis.ltjss@gmail.com

APPLICATION FOR TRANSFER / LEAVING CERTIFICATE

| | | Date |
|---|--|---|
| Name of the Student: (as per School record) Master/Miss | | |
| Father's Name: | Mother's Na | me |
| Student's Aadhar no | Date of birth | Mother Tongue |
| NationalityReligion | Caste: | _ Place of Birth: |
| Last working day in school: | Reason for taking t | he T.C |
| Signature of Father | Signature of Mother | |
| Mobile no. | Mobile no. | |
| to clear all dues up to the date of wit student's name is on the rolls of the s 3) TC will be issued only after 20 wo | sign the Application form, then so only after the school's dues (Fee hdrawal before the issue of TC. school orking days from the date of appli | such parent should give the NOC / es, Library, Labs. etc.) are cleared. A student has The fees are payable for the month in which the ication and subject to point (2) above. on authorised in writing (proof would be required). |
| For office use only – | | Student's Adm.No |
| The last date of school attend | No. of days attended by student | Total working days |
| Pass / Fail / Studying in class : | | |
| I have read & noted the above information | tion filled in by the parent & found | it correct. |
| Class teacher's Name & Signature: | | Date: |