



S. D. PLANETS

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APPLICATION FOR TRANSFER CERTIFICATE

DATE: ___/___/_____

I, HEREBY UNDERSIGNED, REQUEST YOU TO PLEASE ISSUE T.C. OF MY WARD,

STUDENT PARTICULARS

NAME: _____

ADMISSION NO.: _____ ROLL NO.: _____ CLASS & SEC.: _____

FATHER'S NAME: _____ MOTHER'S NAME: _____

TEL. / MBL. NO.: _____ NATIONALITY: _____

REASON FOR LEAVING SCHOOL

FATHER'S NAME: _____ SIGN: _____

MOTHER'S NAME: _____ SIGN: _____

**NOTE: ORIGINAL TRANSFER CERTIFICATE CAN BE COLLECTED FROM ACCOUNT OFFICE ONLY AFTER
HANDING OVER BOTH STUDENT AND PARENT IDENTITY CARDS.**



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T.C. ACKNOWLEDGEMENT SLIP (FOR OFFICE USE)

NAME OF THE STUDENT _____ CLASS & SEC.: _____

ADMISSION NO.: _____ DATE OF APPLICATION: ___/___/_____

T.C. WILL BE ISSUED ON: ___/___/_____ TIME: _____

APPLICATION RECEIVER'S NAME: _____ SIGN: _____

ACADEMIC DEPARTMENT (TO BE FILLED BY CLASS TEACHER)

STUDENT'S NAME: _____ CLASS & SEC.: _____

G.R. NO. _____ ROLL. NO. _____ DATE OF BIRTH ___/___/_____

TOTAL NUMBER OF WORKING DAYS _____ NUMBER OF DAYS PRESENT _____

LAST DATE ATTENDED IN SCHOOL ___/___/_____

SUBJECTS TAUGHT: 1) _____ 2) _____ 3) _____

4) _____ 5) _____ 6) _____

CO-CURRICULAR ACTIVITIES _____

SCHOOL/BOARD EXAM LAST TAKEN WITH RESULT _____

CONDUCT: UNSATISFACTORY GOOD SATISFACTORY AS PER SCHOOL EXPECTATION

ACCOUNTS DEPARTMENT

FEE STATUS: CLEAR DUE (DUE AMOUNT: _____)

FEE CHECKED BY: _____ SIGN _____

PRINCIPAL'S SIGNATURE WITH DATE: _____

T.C. ISSUE DATE: ___/___/_____ T.C. NUMBER: _____

T.C. RECEIVED SIGN & DATE: _____