



ARMY PUBLIC SCHOOL JAISALMER



TRANSFER CERTIFICATE FORM

Name of Child _____ DOB _____

Mother's Name _____

Father's Name _____

Class (present) _____ Section _____ ADM No _____

Reason for leaving the school _____

Kindly issued the school leaving certificate on _____

Fee Paid upto _____

Bank A/C No _____ Branch _____

Signature of Parent: _____ Date _____

Date:

Granted / Non granted

CLEARANCE CERTIFICATE

Name _____ Date _____

Father's Name _____

Additional Remarks (if any): _____

Ser No	Department /Section	Remarks	Signature
01	Science Lab		
02	Maths Lab		
03	Library		
04	Sports		
05	Music		
06	Coordinator		
07	Fees		
08	NCC		
09	CCA		
10	Exam Cell		

(Sig of Class Teacher)

Total Attendance _____ / _____