



مدرسة الخليج الهندية الجديدة  
New Gulf Indian School

APPL.NO

TC NO.

**APPLICATION FOR TRANSFER CERTIFICATE.**

Name of student:

Admission no: \_\_\_\_\_

Class & Section:

Academic year: \_\_\_\_\_

Reason for leaving:

Name of school he/she intended to join:

Parents Signature:

Date \_\_\_\_\_

To be filled by the class teacher:

Class & Section :

Last date of attended :

Co-curricular activities :

Conduct :

Promoted to/detained in :

Overall grade :

Name of class teacher:

Date: \_\_\_\_\_

Signature of teacher:

Clearance from: Accounts section: library laboratory:

Dues if any:

Signature of: Accountant librarian science teacher

Date: \_\_\_\_\_

Principal's signature \_\_\_\_\_