



GBN SR. SEC. SCHOOL, FARIDABAD

NEXT GENERATION, OUR CREATION

Phone: 0129-4086034,4084592, gbn21d@gmail.com, www.gbnschool.org

APPLICATION FOR TRANSFER CERTIFICATE

TO BE FILLED BY PARENT IN BLOCK LETTERS

DATE OF APPLICATION : _____

NAME OF THE STUDENT : _____

CLASS & SECTION : _____

ADMISSION NUMBER : _____

DATE OF BIRTH : _____

FATHER'S NAME : _____

MOTHER'S NAME : _____

RESIDENTIAL ADDRESS : _____

PHONE NUMBER : _____

DATE OF APPLICATION : _____

NATIONALITY : _____

WHETHER BELONGS TO SC/ST CLASS : _____

REASON FOR LEAVING : _____

NEW SCHOOL NAME : _____

TRANSFER PLACE : _____

PARENTS'S FEEDBACK ABOUT EXPERIENCE IN GBN : GOOD / SATISFACTORY/NEEDS IMPROVEMENT

PARENT'S SIGNATURE : _____

FOR OFFICE USE ONLY

TC CHARGES PAID RS 100/- OFFICE INCHARGE _____ DATE _____

FOR CLASS TEACHER'S USE

ATTENDANCE : _____

TOTAL NO. OF WORKING DAYS : _____

SUBJECTS UNDERTAKEN : _____

RESULTS OBTAINED : _____

GAMES /EXTRA CURRICULAR ACTIVITIES IN WHICH PUPIL TOOK PART _____

GENERAL CONDUCT : GOOD / SATISFACTORY / POOR

CLASS TEACHER'S NAME : _____

CLASS TEACHER'S SIGNATURES : _____

APPROVED BY (CO ORDINATOR) : _____

FOR LIBRARY & OFFICE USE

LIBRARY DUES CLEAR : _____

ACCOUNT CLEAR : _____

FEE PAID UPTO MONTH : _____

DATE OF ADMISSION IN SCHOOL WITH CLASS : _____

DATE OF BIRTH ACCORDING TO ADMISSION REGISTER: _____

DATE OF ISSUE OF CERTIFICATE : _____

RECEIVED BY _____ SIGN _____ DATE _____