



DELHI PUBLIC SCHOOL, SILIGURI

The Principal
Delhi Public School
Dagapur, Darjeeling Road,
Siliguri - 734003

Date: _____/_____/_____

Respected Sir/Madam,

Sub: APPLICATION FOR TRANSFER CERTIFICATE

I, _____, Father/Mother/Guardian of
_____ want to Apply for Transfer Certificate.

W.e.f _____

The basic particulars of my ward are mentioned below.

1. Name Of the Student :
2. Father's Name :
3. Mother's Name :
4. Admission No : _____ / _____ / _____ --
5. Class : _____ Sec: _____ Stream : _____
6. Contact no :
7. Email Id :
8. Reason for Transfer Certificate:
.....
.....

I _____ authorize Mr. / Ms.
_____ on my behalf to receive the Transfer
Certificate.

Authorized person's Name: _____

Authorized person's Signature: _____

Thanking You

Yours Faithfully

Signature Attested by Parent /Guardian

For Office use only

Signature of Parent /Guardian

* **Strike off whichever is not applicable**