		(.	Academic	Year:	•••••)	
File No					Date of issue:			
Pupil	's Name							
Student Registration No. (SRN)								
			L	[Name]		Mother		[Name]
		[
						ed this school up-		
	aid all si	ums due to	the school a	nd was	howall	on the above date	to withdraw his	s/her name.
•								
•			ass					
He/sł	he was re	eading in Cl		Classel in t	his scho	ol.		
He/sł	he was re	eading in Cl e was exam	ass	Dassi in t	his scho	ol. d		
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For Scholarship-Holders Only

Kind of scholarship	.Value	Year of award. DD/MM/YYYY
Date up-to which drawn.DD/MM/YYYY	By whom payable	
Note: Entries checked and found correct:		

Signatures and seal of Head of Institution

For office use only:

Certified that	[Student name] S/o-D/o- ward of	[Pather/guardian name]
and a student of the	Idassi. class who left the	[School Name]
School (School Code	District with	Transfer Certificate No.
	Dated	
His/her date of birth mention	ned in the Transfer Certificate isDR/MM/YY	ΥY ····

Signatures and seal of Head of Institution