



SRIMATHI SUNDARAVALLI MEMORIAL SCHOOL
MAPPEDU ROAD, ALAPAKKAM, NEW PERUNGALATHUR, CHENNAI – 600 063

Application – Issue of Transfer Certificate

Applicability	: Classes – JM1 – XII	Date :	<input type="text"/>	<input type="text"/>	<input type="text"/>
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To School Authorities	Student Name	<input type="text"/>
	Admn. No.	<input type="text"/>
	Class & Sec	<input type="text"/>

Reason for leaving the school :

Job Transfer	<input type="checkbox"/>	Shifting the Residence	<input type="checkbox"/>	Personal Reason	<input type="checkbox"/>
Change of Board	<input type="checkbox"/>	To Move to another School	<input type="checkbox"/>		

Last date upto which the student will attend the school

DD	MM	YYYY
<input type="text"/>	<input type="text"/>	<input type="text"/>

Required date for issue of TC

<input type="text"/>	<input type="text"/>	<input type="text"/>
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Copy of Bank Passbook/Online statement

Yes No

Bank A/C No.:

<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
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IFSC Code:

<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
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A/C. Holder Name:

<input type="text"/>

Bank Name:

<input type="text"/>

Caution Deposit can be credited to our Bank account mentioned above.
Kindly adjust all the dues in the Caution Deposit. Transfer Certificate will be collected in person.

<input type="text"/>	<input type="text"/>	<input type="text"/>
Father	Mother	Guardian

(For Office Use Only)					
Req.No.	<input type="text"/>	File.No.	<input type="text"/>	Date :	<input type="text"/>
					Signature _____