

D.A.V. Public School
Vasant Vihar, SECL, Bilaspur(C.G)
APPLICATION FOR ISSUE OF TC

Date: _____

1 NAME OF STUDENT : _____
2 ADMISSION NO : _____
3 DOB : _____
4 FATHER'S NAME : _____
5 MOTHER'S NAME : _____

6 CATEGORY : **SGC / RTE / SECL / DAV STAFF / OTHER**

7 MOBILE No : _____

8 CLASS LAST STUDIED WITH
RESULT(ENCLOSED COPY OF
Marksheet) : _____

9 PRESENT CLASS : _____

10 REASON FOR TRANSFER : _____

11 NCC CADET **YES / NO**

NO DUES CERTIFICATE

LIBRARY(III ONWARDS) : _____

SPORTS : _____

ACCOUNTS/FEE DEPARTMENT : _____

Signature of Parent

To be filled by the Class Teacher

Total No. of Working Days : _____

No. of Days Present : _____

General Conduct of Student : _____

Subject : _____

Name & Signature of Class Teacher :

Approved by Principal