



# ST. THOMAS SCHOOL

Sector –IV Lajpat Nagar, Sahibabad , Ghaziabad  
Ph: 0120-2630677, 2631336

(Affiliated to C.B.S.E vide no; 2130263)

## APPLICATION FOR TRANSFER CERTIFICATE

### PART – A (To be filled by Parent)

Respected Madam/ Sir,

With profound respect I beg to state the following for your necessary action. I wish to withdraw my Son/ Daughter whose particulars are given below:-

- (a) Name of the Student .....Class .....Section.....  
(b) Religion.....Caste.....State whether ST/SC/OBC.....  
(c) Date of Birth..... (d) Admission No. ....  
(e) Date of admission..... (f) Date of withdrawal .....  
(g) Present class from which withdrawn.....Academic Session: 20....- 20....  
(h) Reason for withdrawal.....  
(i) Whether failed /repeated any class? If so, Which?.....  
(j) Name of the Parents (a) Father.....(b) Mother.....

*\*Please submit Rs. 100/- along with this duly filled form at the Office Fee Counter.*

Date.....

Signature of the Parent

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**For Office Use only**  
**WITHDRAWAL APPROVED/ NOT APPROVED. PREPARE THE T.C.**

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### PART – B

#### NO DUES CERTIFICATE:-

1. Laboratory                      2. Library                      3. Sports Section  
4. Fee Section                      5. Fee Paid till .....

Certified that the T.C. can be issued in respect of the above student and no dues are outstanding / or the outstanding dues are reasonably adjusted and other particulars has been verified from the admission register And T.C. Receipt No ..... Receipt Date ..... is forwarded to you for approval.

**PRINCIPAL**

