



VANASTHALI PUBLIC SCHOOL

Sector – 10, VASUNDHARA, GZB

APPLICATION FOR THE ISSRANCE OF S.L.C. (T.C.)

SLC NO.

To,
The Principal,
Vanasthali Public School,
Sector-10, Vasundhara, Gzb.

Madam kindly issue S.L.C. for my ward whose particulars are appended below:

Admn No. _____

NAME OF THE STUDENT: _____

MOTHER'S NAME: _____

FATHER'S NAME: _____

CLASS & SECTION: _____

Whether the candidate belongs to Schedule Caste or Schedule Tribe _____

DATE OF LEAVING THE SCHOOL _____

RESIDENTIAL ADDRESS & Contact No. _____

REASON FOR LEAVING THE SCHOOL _____ (Tick mark at one of the following)

CHANGE OF RESIDENCE

ADMISSION TO SOME OTHER SCHOOL

TRANSFER OF FATHER/MOTHER

ANY OTHER REASON (SPECIFY) _____

Date: _____

Sign Of Parent: _____

Issue the SLC after completion of all formalities

Principal

For Office Use Only

Report of Class Tr.

Admission No. _____ Total Working Days _____ Attendances _____

Subject of Study 1. _____ 2. _____ 3. _____ 4. _____ 5. _____

NCC/ Boys Scout/ Girls Guide _____

Games played / extra co-curricular activity _____

Sign. Of Class Teacher

Fee Clerk	SLC Issue Clerk