	<u>G</u>	<u>ULF INDIAN</u>	N SCHOOL		
Appn. No:			TC No:		
	Parents should complete	the Ist segmen	NSFER CERTIFICA ⁻ t and submit the forn 8:30am – 12:30pm onl	n to the school office.	
I.	Name of the student	:			
	Class & Section	:	Admission N	lo:	
	Reason for leaving	:			
	Name of the school he / s intends to join	he :			
	Parent's signature & date	:			
II.	To be filled by the Class Teacher:				
	Class & Section	:			
	Main Subjects Studied	: (i)	(ii)	(iii)	
		(iv)	(v)	(vi)	
	Total no. of days attended	d :			
	Last date attended	:			
	Co-curricular activities	:			
	Conduct	:			

Clearance from : Accounts Section Library Laboratory III.

Dues if any

Present Status :

Date: _____

Signature of : Accountant Librarian **Science Teachers**

Signature of the Class Teacher

Date:	Principal's Signature