



THE SCHOOL OF THE GOOD SHEPHERD SENIOR SECONDARY SCHOOL

LAKESIDE, AKKULAM, SREEKARYAM P.O, TRIVANRUM - 695 017
Phone: 2597002 E-mail: goodshepherdvm@gmail.com Web: www.goodshepherdvm.org

APPLICATION FOR TRANSFER CERTIFICATE

(Should be submitted minimum 3 working days in advance)

FOR PARENTS:		
1.	Date of Application	
2.	Admission No. of Student	
3.	Name of Student	M/F
4.	Date of Birth	
5.	Class & Section	
6.	Name of Mother Phone No.	
7.	Name of Father (Occupation and full address) Phone No.	
8.	Reason of Withdrawal	
9.	School Exam / Board Exam last taken with result	Annual Exam / AISSE / AISSCE
10.	Subjects (Classes IX and above)	1) _____ 2) _____ 3) _____ 4) _____ 5) _____
11.	School where admission is proposed to be taken	
I hereby certify that the above statement is correct.		
Date:	Signature of Parent:	
	Name:	
For various stock in -charge to report DUES (For Classes VI & above)		
1.	Library	
2.	Physics Lab	
3.	Chemistry Lab	
4.	Biology Lab	
5.	Physical Education	

For Class Teachers		
1.	Admission No.	
2.	Class and Section	
3.	Total No. of working days	
4.	No. of School days attended	
5.	Subjects Studied	1) _____ 2) _____ 3) _____ 4) _____ 5) _____
6.	If failed in the same classes please inform failed once or twice	
Signature of Class Teacher: Name: Date:		
For Office:		
1.	Fees paid up to	
<p><u>To Office</u></p> <p>Please verify the particulars submitted by the class teachers with Admission register/ Admission form and Prepare Transfer Certificate</p> <p style="text-align: right;">Vice Principal / Principal</p>		
FOR OFFICE USE		
Transfer Certificate No.		
Date of issue of TC		
Clerk		

Principal