



St. Kabir

Indian International School

(CBSE Affiliation Code : 430365)

APPLICATION FOR TRANSFER / LEAVING CERTIFICATE

(TO BE FILLED IN CAPITAL LETTERS ONLY)

Name of the Student : _____
Firstname
Middle Initial
Surname

Father's name : _____

Mother's name : _____

GR NO: _____ Grade : _____ Section : _____ Roll No.: _____

Date of Application : ___/___/___ Date of birth (as in certificate submitted) : ___/___/___

Reason for leaving the school : (kindly tick the appropriate option):

 Transfer to another city in Gujarat (name of the city) : _____ Transfer to another state in India (name of the state and city) : _____ Transfer to another country (name of the country and place) : _____ Joining other school (School name) : _____

(Board affiliated to): _____

(In case of other city, state, country – please provide complete postal address of the new city and full name of the school overleaf)

Mother's Signature : _____ Father's signature : _____

_____ — **Internal use** — _____

Application received in school on ___/___/___ By : _____

LC No issued : _____ LC handed over on ___/___/___ To : _____