



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 : _____