



DELHI PUBLIC SCHOOL  
CHHATARPUR, M.P.

SESSION 2022-23

AFFILIATION NO. – 1030894

UDISE CODE – 23090509204

..... APPLICATION FOR TRANSFER CERTIFICATE .....

Name of the Pupil in full: _____
Gender: <input type="checkbox"/> Male / <input type="checkbox"/> Female
Presentally studying in Class / Section : _____
Name of the Parent: _____
Date of Birth[in figures]: <input type="text"/> <input type="text"/> / <input type="text"/> <input type="text"/> / <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>
Date of Birth [in words]:
Date on which the application for the Transfer Certificate is applied: <input type="text"/> <input type="text"/> / <input type="text"/> <input type="text"/> / <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>
Whether the Pupil has paid all the fee due to the school: _____
Reason for leaving the school: _____ _____ _____
Any other remarks : _____

\_\_\_\_\_  
PARENT SIGNATURE

\_\_\_\_\_  
PRINCIPAL