

INDIAN SCHOOL IBRI

Tel:-25690767, Fax - 25691622

From _____



To

The Principal
Indian School Ibri
Sultanate of Oman

☎ (o) _____ (R) _____

Dear Sir,

Sub: Application for Transfer Certificate

Gr.No: _____

Name of the Student _____ Class _____ Sec _____
{ As per School Record}

I wish to withdraw my son/daughter from school with effect from _____

The reason for the withdrawal is _____

It is therefore requested that a Transfer Certificate be issued to my ward and refundable deposit of R.O _____ be returned to me. It is understood that the refundable deposit will take approximately 1 month from the date of this application.

Class Teachers' Name _____

Thanking you,

Parent's Name _____ Signature _____

{Please attach Parent's **RESIDENT CARD COPY** along with application)

Please furnish the following details also.

If any other child/children of yours is are studying in the school

#	Name of Student	G.R. No	Class & Sec
1			
2			
3			
4			

FOR OFFICE USE ONLY

a. **Clearance from the Lab Incharge:-** CHEM PHY BIO COMP SC.
Sig _____ Sig _____ Sig _____ Sig _____

b. **Clearance from the Librarian :** Sig _____

c. **Class Teacher/Teacher Incharge**

1. **Class Teacher's remark on Attendance:** From _____ to _____ No of Days _____

2. **Last Date of Attendance :** _____

3. **Class Teacher's remark about the progress in studies:-** _____
(Please keep the **REPORT CARD / MARKS CARD** ready)

Name of the Class Teacher _____ Signature _____ Date _____

Signature:- Admissions / Academic Dept

D. Accounts Department (Refundable Deposit Details)

Amount (R.O)	Receipt No:-	Receipt Date:-	Signature:- Administration / Accounts Dept
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Distribution Accounts, Admissions Office

Remarks if any _____