

AIR FORCE SCHOOL, AF STN TEZPUR
APPLICATION FOR TRANSFER CERTIFICATE
(TAKE BOTH SIDE PRINT)

1. Date of application_____
2. Name of Student_____ Class_____ Sec_____
3. Parents/Guardians Service No_____ Rank_____ Name_____
4. Mothers Name: _____
5. Nationality_____ Belong to a SC/ST/OBC/GEN_____
6. Relationship with students' _____
7. Parents occupations_____ Present address _____
8. Address where post out _____
9. Reason for withdrawal _____
10. TC require on _____
11. Contact No. _____
12. Refund of caution money form is enclosed.

I hereby certify that the above statement is correct kindly issue the transfer certificate and oblige.

Signature of parents /Guardians

REMARKS BY CLASS TEACHER

- (a) Students registration/Adm No. _____
- (b) Date of first admission _____
- (c) Date of birth _____
- (d) Last day of attendance _____
- (e) Date of which name was struck off: _____
- (f) Total no of school day _____ Total no of days attendance _____
- (g) Result _____ General conduct _____
- (h) Tuition fees _____ Annual Charges _____
Other fees _____ Any fee concession _____
- (i) Whether NCC cadets/Boy Scout/ Girl Guide (DETAIL MAY BE GIVEN) _____
- (j) Games played or extra-curricular activities in which the pupil usually took part (mention achievement level there in) _____
- (k) Students safety Insurance paid up to _____
- (l) Permanent Education Number (UDISE) PEN _____
- (m) APAAR No _____
- Total amount Rs _____ (In words rupees _____)
- Vide receipt No _____ dated _____

Signature of class teacher

Realised dues as undersigned I certify that articles/books issued to the students have been duly returned and no dues are outstanding.

Signature of Librarian

Remarks by Account Assistant

Signature of Account Assistant

TC prepared by _____ TC No _____ Dated _____

Signature of Principal

AIR FORCE SCHOOL TEZPUR
REFUND FORM: REFUND OF ANNUAL CHARGES

Parents Details:

Service No: _____ Rank _____ Name _____

Trade: _____ Unit: _____ Contract No: _____

To,

Principal

AF School Tezpur

Sir/Madam,

With due respect I have honour to request that the fee in respect of my ward please be refunded.

Particular Of my ward are as follow

Admission No _____ Year _____

Name of ward _____ class _____ sec _____

Reason for withdrawal _____

Caution Money	Development Fee	Tuition Fee	E Learning Fee	Computer Fee	Lab Fee	Advance	To

Refund of money Rs _____ Date of Application _____

Bank details of your accounts:

Account Holder Name: _____

Account No: _____ IFSC CODE _____

Branch Name _____ Bank Name _____

(Attached along this form your bank details photo copy)

Declaration:

I hereby certify that all statement made and information given by me in this application form are true complete and correct to the best of my knowledge and belief.

Your faithfully

Date _____