

Date:- _____

To,
The Principal
D.A.V. Public School,
New Panvel.

SUBJECT: APPLICATION FOR TRANSFER CERTIFICATE / BONAFIDE CERTIFICATE

Respected Sir/ Madam,

I would like to apply for the Transfer Certificate / Bonafide Certificate of my daughter / son / Ms. / Mst. _____ studying in Class _____ Div. _____ in your school.

Kindly issue me the required certificate.

Thanking you,

Yours faithfully,

Parent's Name _____

Signature _____ Phone No. _____

FOLLOWING DETAILS ARE FURNISHED HEREWITH FOR YOUR READY REFERENCE:

- (1) _____ _____ _____ _____
 SURNAME STUDENT'S NAME FATHERS' NAME MOTHER'S NAME
- (2) DATE OF ADMISSION : _____
- (3) ADMITTED IN CLASS : _____
- (4) DATE OF BIRTH : _____
- (5) PLACE OF BIRTH : _____
- (6) CASTE AND SUB CASTE : _____
- (7) REASON FOR TRANSFER CERTIFICATE / BONAFIDE CERTIFICATE: _____
- _____

Note : Transfer Certificate will be issued in seven working days after clearing all dues.