	DEERITO		RAT
DATE:		APPLICA	ATION NO.
ADDI ICATION	I FOD TDANSFED C	EDTIFICATE / SCHOOL	L LEAVING CERTIFICATE
ATTLICATION			LEAVING CERTIFICATE
Name	STU	DENT'S PARTICULARS	
Class & Sec	Roll No	Admis	ssion No.
Mother's/Father's/Guardian	's Name :		
Address			
		Tel:	
		SON FOR APPLICATION	
		SON FOR AFFEIGATION	
Note: Original Trans handing over both t			e school campus only after
<u> </u>		,	
Signature of Father	-		Signature of Mother
Signature of Father			Signature of Arother
	FC	DR OFFICE USE ONLY	
			Date
2.Action Taken Report vi			Teacher
	•	nent (To be filled by Class	-
Total No. of Working day			Days Present:
,	•	· · ·	ation / Not upto School's expectatio
Name of the Class Teacher Signature of the Level He		Sign of	Class Teacher:
Signature of the Level He	ad:		
-	Nama	Domarks	Initial
No Dues	Name	Remarks	Initial
-	Name	Remarks	Initial
No Dues 1. Library	Name	Remarks	Initial
No Dues 1. Library 2. Sci. Lab /Evs.Lab	Name	Remarks	Initial
No Dues 1. Library 2. Sci. Lab /Evs.Lab 3. Sports	Name	Remarks	Initial
No Dues 1. Library 2. Sci. Lab /Evs.Lab 3. Sports 4. Arts	Name	Remarks	Initial Initia
No Dues 1. Library 2. Sci. Lab /Evs.Lab 3. Sports 4. Arts 5. Music		Remarks	Initial
No Dues 1. Library 2. Sci. Lab /Evs.Lab 3. Sports 4. Arts 5. Music 6. Computer		Remarks	Initial
No Dues 1. Library 2. Sci. Lab /Evs.Lab 3. Sports 4. Arts 5. Music 6. Computer 7.Student& Parent Icards		Remarks	Initial
No Dues 1. Library 2. Sci. Lab /Evs.Lab 3. Sports 4. Arts 5. Music 6. Computer 7.Student& Parent Icards 8. Breakages/Any Other 9. Last Fee paid (Month &	Ac k Year):		Initial
No Dues 1. Library 2. Sci. Lab /Evs.Lab 3. Sports 4. Arts 5. Music 6. Computer 7.Student& Parent Icards 8. Breakages/Any Other	Ac k Year):		Initial
No Dues 1. Library 2. Sci. Lab /Evs.Lab 3. Sports 4. Arts 5. Music 6. Computer 7.Student& Parent Icards 8. Breakages/Any Other 9. Last Fee paid (Month &	Ac Ac & Year): htry is deleted:		
No Dues 1. Library 2. Sci. Lab /Evs.Lab 3. Sports 4. Arts 5. Music 6. Computer 7.Student& Parent Icards 8. Breakages/Any Other 9. Last Fee paid (Month & 10.Date on which ECS End 11. Security Deposit refunction	Ac Ac & Year): htry is deleted:	counts Department	dated
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No Dues 1. Library 2. Sci. Lab /Evs.Lab 3. Sports 4. Arts 5. Music 6. Computer 7.Student& Parent Icards 8. Breakages/Any Other 9. Last Fee paid (Month & 10.Date on which ECS En 11. Security Deposit refundrawn on 12. Accounts Department	Ac Ac & Year): htry is deleted: hded on Clearance:	counts Department	dated

Date:

To, The Principal Delhi Public School

I had applied for my child's withdrawal from your school. If any dues are there please adjust the same against the security deposit.

Please Deposit the balance amount in the below mentioned Account:

1.	Name of A/c Holder	:
2.	Name of Bank	:
3.	Bank A/c No	:
4.	Bank Branch Name	:
5.	Bank IFSC	:
Thanki Yours	ing You. truly,	

(Signature of Parent)