



APPLICATION FOR TRANSFERENCE CERTIFICATE (T.C.)

T.C. NO:-

DATE

To,
THE PRINCIPAL
SEMCOM
VALALBH VIDYANAGAR- 388 120

SIR,
I, THE UNDERSIGNED, REQUEST YOU TO ISSUE ME THE TRANSFERENCE CERTIFICATE.

1. NAME OF THE STUDENT: MR. /MISS _____
(NAME) (FATHER'S NAME) (SURNAME)

2. CLASS & ACADEMIC
YR.LAST ATTENDED: _____
(CLASS & DIVISION (ROLL NO) (ACADEMIC YEAR)

3. LAST APPEARED
EXAMINATION : RESULT: PASSED / FAILED(ATTACH XEROX COPY OF LATEST MARK SHEET)

4. SEAT No : _____ YEAR: _____
SUBJECT SPECIAL (IF APPLICABLE): _____

5. DATE OF BIRTH: _____

DATE: _____

SIGNATURE OF THE STUDENT

ADDRESS:

LIBRARY BOOK : DUES / NO DUES
(STUDENT SHOULD OBTAIN SIGNATURE FROM
LIBRARY)

FEES : DUES / NO DUES
(STUDENT SHOULD OBTAIN
SIGNATURE FROM FEE COUNTER)

PAY T.C. FEE AT CASH COUNTER No.

G.R.NO: _____ DATE _____ AMOUNT _____

REMARKS , IF ANY: _____

OFFICE IN-CHARGE

PRINCIPAL