INDIAN SCHOOL MUSCAT

✆: 24702567 / 24707567

From : _____

_____

_____

Tel : (O) _____ (R) _____

To : **The Principal**
Indian School Muscat
Sultanate of Oman

Dear Sir,

Sub : Application for Transfer Certificate :

I wish to withdraw my son / daughter from the School with effect from _____.

The reason for the withdrawal is _____

Name of the Student _____ Class _____ Sec. _____

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 10 days from the date of this application.

Class Teacher's Name : _____ G.R. No. _____

Thanking you,

Parent's Name : _____ Signature : _____ Date : _____

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			

FOR OFFICE USE ONLY

(a) Clearance from the Lab. I/C — CHEM. ☐ PHY. ☐ BIO. ☐ COMP. SC. ☐

(b) Clearance from the Librarian : _____

(c) Class Teacher's remarks on Attendance : From : To : No. of days =

(d) Last Date of Attendance : _____

Class Teacher's remarks about the progress in studies : _____
(Please keep the REPORT CARD / MARKS CARD ready)

Name of the Class Teacher : _____ Signature : _____ Date : _____

REFUNDABLE DEPOSIT DETAILS (For Accounts Dept.)		
Amount (R.O.) _____	Receipt No. _____	Receipt Date : _____

Distribution : White - Accounts, Yellow - Admissions Office