BISHOP MORROW SCHOOL

FORM-2

STUDENT TRANSFER CERTIFICATE REQUEST FORM

Student Name _____

Admission Number _____

Class _____ Section _____ Roll Number _____

Date of Birth ____ / ____ / _____

Parent/Guardian Name: _____

Relationship: □ Father □ Mother □ Guardian

Mobile Number: _____

Email ID: _____

Purpose of Request

□ Higher Studies

□ Admission to Another School/College

□ Scholarship

□ Passport / Visa

□ Government Requirement

□ Bank / Financial Institution

□ Employment

□ Personal Record

□ Other (Specify): _____

Document Attached (if applicable)

□ Passport-size Photograph

□ Aadhaar Card Copy

□ Previous Report Card

□ Other Supporting Document

Declaration

I hereby declare that the information provided above is true and correct to the best of my knowledge. I understand that the school may verify the information before issuing the requested certificate.

Parent/Guardian Signature: _____

Date: ____ / ____ / _____

FOR OFFICE & LIBRARY USE ONLY

1. Library Department Clearance:

[ ] No books are pending against the student.

[ ] Books are pending against the student.

Librarian's Signature & Stamp: _____ Date: ___ / ___ / _____

2. Accounts/Office Section:

[ ] School fees cleared.

[ ] Other dues cleared.

Office Staff Signature: _____ Date: ___ / ___ / _____