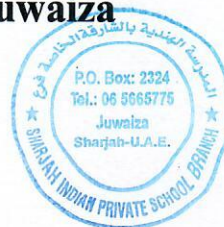




SHARJAH INDIAN SCHOOL – Boys Branch, Juwaiza

Tel: 06 5665775 P.O. Box – 2324, Sharjah
e-mail: boys@sissharjah.com Website: www.sisjuwaiza.com



OUR VISION
Educate Enlighten Empower

Application for Transfer Certificate

Name of the Student: (as per the school records) _____

G.R.No: _____ Class/ Section _____ Academic Year: _____

TYPE OF TC REQUIRED:

1. For admission within Sharjah Zone

Name of the School: _____

2. For admission in UAE other than the Emirate of Sharjah

Name of the School: _____

3. For admission outside UAE

Name of the Country: _____

Last date of attendance: _____

Date: _____ Name & Signature of Parent: _____

Mail id: _____ Contact no: _____

FOR OFFICE USE ONLY

Last date of attendance in the class: _____

Result (if applicable): Passed/ Failed/ Retest in _____ Discontinued on: _____

Signature of Class Teacher: _____

Clearance from the school library: _____

Signature of Librarian: _____

Fee collected upto: _____

T.C. Fees collected vide receipt no. _____ Date: _____

Signature of Cashier: _____

Checked the details and found correct T.C. may be issued.

Vice Principal: _____

Receipt of Fee stopped: Yes /No: _____ Date: _____

Signature of Cashier: _____

Attested T.C. printed and submitted to OFFICE SECRETARY

Signature of the Arabic Secretary: _____