



Agrasain Boys' School

[Affiliated to Council for the Indian School Certificate Examinations, New Delhi]

21/A, Agrasain Street, Liluah, Howrah-711204 • Phone : 2655-4544/4547

E-mail absceo@rediffmail.com • Website : www.agrasainboysschool.edu.in

Application Form

To

The Principal,

Respected Madam,

I would like to apply for

- | | | | | | |
|------------------------------------|--------------------------|----------------------------|--------------------------|--------------------------|--------------------------|
| 1. Certificate of Bonafide Student | <input type="checkbox"/> | 4. Change of Address | <input type="checkbox"/> | 7. Duplicate ID Card | <input type="checkbox"/> |
| 2. Certificate of Tuition Fees | <input type="checkbox"/> | 5. Change of Date of Birth | <input type="checkbox"/> | 8. Duplicate Escort Card | <input type="checkbox"/> |
| 3. Transfer Certificate | <input type="checkbox"/> | 6. Change of Contact No. | <input type="checkbox"/> | | |

Student's Particulars :

1. Name : ID No. :
2. Class : Section : Date of Birth :
3. Father's Name :
4. Mother's Name :
5. Present Address :
6. Contact No. : (Mob. 1) (Mob. 2) Email ID :

Signature of the Parent

Signature of the
PRINCIPAL

Part - A : Incase of Transfer Certificate

Reason for Leaving : (Please 'Tick')

- | | | | |
|---|--------------------------|-------------------------------------|--------------------------|
| a) Change of residence | <input type="checkbox"/> | d) Completion of the school course. | <input type="checkbox"/> |
| b) Ill health (this reason shall only be given if it is,
in the opinion of the PRINCIPAL, well founded). | <input type="checkbox"/> | e) Opinion of the guardian. | <input type="checkbox"/> |
| c) Abolition or closure of school. | <input type="checkbox"/> | | |

Part - B : Change of Date of Birth / Address / Contact Number

1. New Address :
2. New Contact No. : [Father] [Mother]
3. Corrected Date of Birth :

* (Attach a copy of Proof along with the application for Part-B)