FORM OF APPLICATION FOR TRANSFER CERTIFICATE

),	
The Principal	
Little Flower Higher	Secondary School,
Kohima - 797 001	
Please furnish me wi	th the Transfer Certificate of my Daughter
Name	Class Sec Roll No
The necessary particu	lars are given below:
Name	:
Surname	:
Admission No.	:
Class	:
Date of leaving	:
Reason for leaving	:
Thank you,	
Signature of Parent	:
Date	:
N.B: To be applied wi	thin October (10-31)