



# DELHI PRIVATE SCHOOL

P.O. Box-26005, Sharjah, U.A.E.

## Application form for Transfer Certificate (T.C.)

Date of the Application: 

--	--	--	--	--	--	--	--

 (dd/mm/yyyy)

### 1. Students Details :

Name of the student :	Gender (Male/Female) :
Admission no. : S	Date of birth :
Class & Section :	2 <sup>nd</sup> language studying : (Hindi/French) (For grade 3-10)

### 2. Leaving Details

Reason of leaving school :	Place of moving
Name of the school joining : Curriculum joining	Emirate (In case of moving within UAE)

### 3. Clearance

<b>Last date of attendance :</b>			
Name of the class teacher :	Signature		
Name of the Supervisor :	Signature		
Name of the librarian : All library books returned <table border="1" style="display: inline-table; border-collapse: collapse;"><tr><td style="width: 30px; height: 15px;">Yes</td><td style="width: 30px; height: 15px;">No</td></tr></table>	Yes	No	Signature
Yes	No		
Name of the lab. Assistant :	Signature		
Transport Supervisor Name :	Signature		
Accounts dues cleared till : / (mm/yy) Receipt number	Signature		

#### Please note :

1. The attested TC can be collected after 10 working days of the last date of attendance.
2. Year End TC will be issued by end of April.

Name of the parent/Guardian : \_\_\_\_\_ Contact no. \_\_\_\_\_

Signature of the Parent/Guardian : \_\_\_\_\_

#### (FOR OFFICE USE ONLY)

SPEA Pupil Number :	TC marked in CSMS : <table border="1" style="display: inline-table; border-collapse: collapse;"><tr><td style="width: 50px; height: 15px;"></td></tr></table>	
Date of joining DPS :	TC marked in SPEA :	
Grade joined :	TC sent to SPEA :	
Date of receiving TC form :	TC received from SPEA :	

ICT Supervisor	Signature
----------------	-----------

## Request for Transfer Certificate

To

The Principal

Delhi Private School

Sharjah

Dear Ma'am,

I, \_\_\_\_\_, parent of \_\_\_\_\_,

Admission No. \_\_\_\_\_ of Grade \_\_\_\_\_, wish to inform you that I have to withdraw my

ward from school w.e.f. \_\_\_\_\_ due to the below mentioned reason :

---

---

---

Thanking you,

Yours faithfully

\_\_\_\_\_ (Parent's Signature)

Name of the parent : \_\_\_\_\_

Contact No.: \_\_\_\_\_

---

H.M's Remarks : \_\_\_\_\_

---

H.M. Signatures : \_\_\_\_\_

Dated : \_\_\_\_\_



# NAJMAT AL NAJAH SCHOOL BUS TRANSPORTATION LLC

## Transport Cancellation Form

School Academic Year \_\_\_\_\_ Admission No. \_\_\_\_\_ Date: \_\_\_\_\_

Name of the student \_\_\_\_\_ Grade \_\_\_\_\_ Division \_\_\_\_\_

Please fill the details for transport cancellation: (TRANSPORT CANCELLATION REQUEST)

Bus Route No. \_\_\_\_\_ Bus Route Name (Area) \_\_\_\_\_  
Notice Date \_\_\_\_\_ Cancellation with effect from \_\_\_\_\_  
Reason for cancellation \_\_\_\_\_

*Note:- Request for discontinuation of transport facility must be submitted THREE MONTHS in advance to the Najmat office. If the bus usages are discontinued without written notice, then it will be deemed that the student continues to use the bus services, irrespective of actual usage. This also applies to the fee defaulter of that particular term.*

### Terms and conditions of school bus service:

I have read and understood the Terms & Conditions related to the school bus logistics and confirm my acceptance.

Parent's Signature & Date \_\_\_\_\_ Mobile Number \_\_\_\_\_

### For Transport Department office use only:

[ ] Transport Cancellation - OT / TC

Bus Route Name: \_\_\_\_\_  
Bus Stop Name: \_\_\_\_\_  
Bus Route No. \_\_\_\_\_ Bus Stop Code : \_\_\_\_\_  
With effect from \_\_\_\_\_ Area Code : \_\_\_\_\_  
Authorised Signature & Date \_\_\_\_\_

### For Accounts Department Office use only:

### For CLP Department Office use only:

Application received date \_\_\_\_ / \_\_\_\_ / \_\_\_\_ Application received date \_\_\_\_\_  
Bus Fees for Term ( √ ) \_\_\_\_\_ First / Second / Third Student profile updated by \_\_\_\_\_  
Total Fees ( in AED ) \_\_\_\_\_ RFID Issued Date \_\_\_\_\_

Authorised Signature & Date (Accounts Department)

Authorised Signature & Date (CLP Department - School)

Tear here 

### Information slip for driver

Student's Name \_\_\_\_\_ Grade & Div \_\_\_\_\_ Admission No. \_\_\_\_\_

The above student has (Permission / Discontinue) to ride bus route no # \_\_\_\_\_ for \_\_\_\_\_ day(s)

Starting Date: \_\_\_\_\_ Ending Date: \_\_\_\_\_ Reason: \_\_\_\_\_

Destination (Stop Name) \_\_\_\_\_ Authorised Signature: \_\_\_\_\_

*This pass must be shown to bus driver upon entering bus.* Date: \_\_\_\_\_