



AHMEDABAD PUBLIC SCHOOL INTERNATIONAL

APPLICATION FOR SCHOOL LEAVING CERTIFICATE

No.:

Date:

• **Students Details**

1. Name: G.R. No.:

2. Class & Section: Date of Birth:

3. Father's Name: Contact No.:

4. Mother's Name: Contact No.:

5. Address:

.....

• **Reason for Application:**

.....

Signature of Parents

FOR OFFICE USE ONLY

1. Whether dues are cleared:

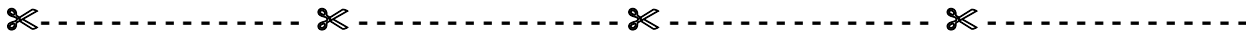
No.	Section	Name	Remarks	Signature
1.	Class Teacher			
2.	Library			
3.	Lab. (Comp./Sci.)			
4.	Sports Dept.			
5.	Music Dept.			
6.	Art & Craft Dept.			
7.	Transport Section			
8.	Accounts Section			
9.	Administration			
10	Any other			

2. L.C. may be issued.: Yes No

3. L.C. issued on L.C. No.

4. Security deposit refunded on vide cheque no.
dated drawn on

Principal's Signature



AHMEDABAD
PUBLIC
SCHOOL

RECEIPT OF APPLICATION FOR SCHOOL LEAVING CERTIFICATE

Date:

Parent's Name: Contact No.:

Student's Name:

Class & Section: G.R. No.:

Note: LC will be issued within 15 working days time period of this receipt.

Signature