## AIR FORCE SCHOOL COMMAND HOSPITAL BENGALURU - 560 007 APPLICATION FOR ISSUE OF TC AND REFUND OF CAUTION MONEY

| 1.   | Name of the Student :                               |
|--|---|
| 2.   | Class /Section/Cat :                                |
| 3.   | Father's Name / Phone Number :                      |
| 4.   | Mother's Name :                                     |
| 5.   | Date of Birth : 6. Date of TC Applied :             |
| 7.   | Date of Admission, Class Admitted and Admission No  |
| 8.   | Reason for Withdrawal :                             |
| 9.   | Copy of Caste Certificate (Plz mention & attach) :  |
| 10.  | Name of the Account Holder (As per Bank Passbook) : |
| 11.  | Bank Account Number :                               |
| 12.  | Bank Name and Branch :                              |
| 13.  | IFSC Code of Bank ;                                 |
|  |   |
| Date :                                     | Signature of Parent / Guardian                      |
| To be filled in by the Class Teacher only: |   |
| 1.   | Last attendance at School :                         |
| 2.   | Date on which name is struck off :                  |
| 3.   | Total Number of Attendance :                        |
| 4.   | Number of days the pupil attended :                 |
| 5.   | Subjects:   |
| 6.   | Fees paid upto :                                    |
| 8.   | Games played/Extra Curricular Activities by pupil : |

## **Signature of Class Teacher**

## Signature of Principal

TC will be issued only after 05 working days & student's name will be struck off on issue of TC.

Caution money will be transferred to the above mentioned bank account by end of the month and school is not responsible for mentioning of incomplete bank details.