

# KM COLLEGE OF TEACHER EDUCATION

Valillapuzha, Areekode, Malappuram – 673639  
(Affiliated to University of Calicut & Recognised by NCTE)

## APPLICATION FOR TRANSFER CERTIFICATE

|                                        |  |                |  |
|----------------------------------------|--|----------------|--|
| 1. Name of Student:                    |  |                |  |
| 2. Register No.:                       |  | Roll No.:      |  |
| 3. Course / Programme:                 |  |                |  |
| 4. Semester:                           |  | Academic Year: |  |
| 5. Date of Birth:                      |  |                |  |
| 6. Date of Admission:                  |  |                |  |
| 7. Reason for Leaving the Institution: |  |                |  |
| 8. Date from which TC is required:     |  |                |  |
| 9. Contact Number:                     |  |                |  |
| 10. Permanent Address:                 |  |                |  |

I request the Principal to kindly issue my Transfer Certificate. I have completed the necessary formalities and undertake to clear any dues payable to the institution.

Date: \_\_\_\_\_

Signature of Student: \_\_\_\_\_

Place: \_\_\_\_\_

Parent/Guardian Signature: \_\_\_\_\_

## FOR OFFICE USE

|                        |                                                                       |              |  |
|------------------------|-----------------------------------------------------------------------|--------------|--|
| Library Clearance:     | <input type="checkbox"/> Cleared <input type="checkbox"/> Not Cleared |              |  |
| Fee / Dues Clearance:  | <input type="checkbox"/> Cleared <input type="checkbox"/> Not Cleared |              |  |
| Other Clearance:       | <input type="checkbox"/> Cleared <input type="checkbox"/> Not Cleared |              |  |
| TC No.:                |                                                                       | Date:        |  |
| Prepared By:           |                                                                       | Verified By: |  |
| Principal's Signature: |                                                                       |              |  |