Signature of the Parent / Guardian

TRANSFER CERTIFICATE

(Recognised by the Director of School Education, Govt of Tamil Nadu)

b) Name of the Educational District	a) Name of the School	AF	KA THE CI	REEN SCHOOL	DL
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be demanded by me in future.	I hereby declare that the particular libe demanded by me in future.	ars recorded ag	ainst items 2 to 7		

J. N. Venu Krishna.

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