

SHARJAH INDIAN SCHOOL

P.O. Box: 2324, Tel. 5670560/5671866, Fax. 5672914 e-mail: mail@sissharjah.com



APPLICATION FOR SCHOOL LEAVING CERTIFICATE

[For Class XII Passed Out Cases Only]

Name of Student:		G.R. No
Class: Section:	Girls Wing /	Boys Wing
Academic Year:		Roll No.
Subjects:		
Date:	Name & Signature of Parent:	
	Contact No.:	
	For Office Use Onl	Y
Last Date of Attendance in th	e Class:	_
Total Attendance:	Days Attended :	
Result (if applicable): Passed		
	Signature of Class Teach	ner:
Clearance from the School Lib	orary	
the Comments of the Comments o	Signature of Librarian: _	
Fees collected upto :		
T.C. Fees Collected vide Rece	ipt No.	Date:
	Signature of Cashier:	
Checked the details and found of	correct. T.C. may be issued.	
	Vice Principal	
C. printed and submitted to A	PRO. Signature:	