



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 Only

Last Date of Attendance in the Class : _____

Total Attendance : _____ Days Attended : _____

Result (if applicable) : Passed / Compartment / Failed

Signature of Class Teacher : _____

Clearance from the School Library

Signature of Librarian: _____

Fees collected upto : _____

T.C. Fees Collected vide Receipt No. _____ Date: _____

Signature of Cashier: _____

Checked the details and found correct. T.C. may be issued.

Vice Principal _____

T.C. printed and submitted to APRO.

Signature: _____