

SHRI BHARAT MANDIR PUBLIC SCHOOL,
RISHIKESH

APPLICATION FOR WITHDRAWAL

DATE OF APPLICATION: _____

NAME OF THE SCHORAR: _____

FATHER'S NAME: _____

MOTHERS'S NAME: _____

NAME OF PARENT/GUARDIAN: _____

ADDRESS: _____

PHONE NO: _____

PASSED CLASS: _____ SECTION _____ YEAR: _____

CAUSE OF WITHDRAWAL: _____

SIGNATURE OF PARENT/GUARDIAN

CLASS TEACHER'S REMARKS:

SR. NO. _____ WORKING DAYS _____ TOTAL DAYS PRESENT _____

DATE OF BIRTH: _____

FEES PAID UPTO THE MONTH OF _____

CLASS TEACHER SIGNATURE

NO DUES CERTIFICATE

NOTHING IS DUES AGAINST: _____

1 LIBRARIAN _____

2. OFFICE _____

3 PHYSICS TEACHER _____

4 CHEMISTRY TEACHER _____

5 BIOLOGY TEACHER _____

6 GAMES _____

T.C. ISSUED ON: _____

PRINCIPAL