

ARMY PUBLIC SCHOOL MIRAN SAHIB

1. Name of the Student _____
2. Roll No. _____ 3. Admission No. _____
4. Class & Section _____
5. Father's Name & Address _____

6. Reasons for Refund _____
7. Bankers Details :-
 - (a) Bank Name _____
 - (b) Branch Address _____
 - (c) Account No. _____
 - (d) IFSC Code _____

I, the undersigned hereby request that amount of the security standing to the credit of my ward/ward may please be refunded by cheque.

Date _____

Signature of the Parent _____

(TO BE FILLED BY THE ACCOUNT DEPARTMENT)

Amount to be refunded :

Security _____ Tuition Fee _____
(From month _____ to month _____)
Sc Fee _____ PF _____ CF _____

Annual Charges :

Library _____ Exam Sty _____ Playways _____
Building _____ Sports _____ School Journal _____
Total Refund _____
Received Cheque No. _____ Dated _____ for Rs. _____

(Signature of Parents)

(Signature of Accountant)

(Signature of Principal)



ARMY PUBLIC SCHOOL MIRAN SAHIB

APPLICATION FOR WITHDRAWAL OF STUDENT

1.	Date of application	
2.	Name of pupil and Class with year	
3.	Father's Name Occupation and Full address	
4.	Mother's Name	
5.	Name & address of parents / Guardians (with relationship) applying for TC	
6.	Religion and Caste	
7.	Cause / Reasons for withdrawal	
8.	Fee paid upto	

I hereby certify that the above statements are correct.

Signature of Parents / Guardians

Class Teacher to realize dues

- 1) Pupil's Registration No. _____ 2) Last attendance at School _____
- 3) Date on which name struck off _____ 4) Total No. of School Meetings _____
- 5) Total No. of Meetings upto the _____ 6) Subjects offered by the pupil _____
date attended _____
- 7) Cause of Removal _____ 8) Result _____

9) Whether failed, if so, once/twice in the same class

Realized dues as under	Rs.	P.	I certify that the articles lent to the student have been duly returned and no dues stand against him / her.	
1. Tuition Fee			Signature of :	
2. Admission / Re-adm Fee			Games Sports I/C	Library I/C
3. Science Fee			Chemistry I/C	Physics I/C
4. Late Payment Fee			Co-curricular I/C	Biology I/C
5.			Drawing / Craft I/C	
6.			NCC I/C	
7.			Dated	
8.				
9.				
Total				

Amount in words Rs.

Signature of Class Teacher _____

Name struck off and Transfer Certificate No. _____ issued.

(Signature of Principal)

Note:

After filling please send it back to the school mail id apsmiransahib@gmail.com .

- a. Please attach Fee receipt paid.
- b. Bank Passbook details or cancel check.

CONTACT:

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