



**CHOITHRAM INTERNATIONAL**  
 AN IB WORLD SCHOOL  
 Choithram Hospital Campus, Manik Bagh Road,  
 Indore – 452014  
 Contact Numbers – +91 731 2360345-46, +91 9009992059



No.:ECI/F/AD/04

Date: .....

To,  
 The Principal  
 Choithram International  
 School 5, Manik Bag Road  
 Choithram Hospital Campus  
 Indore

Subject: Caution Money Refund & Requisition for Transfer Certificate of My Ward.

Respected Sir,  
 My ward ..... studying in Grade..... in  
 your school. I request you to kindly issue Transfer Certificate of my ward due to  
 (Reason).....&  
 release Caution Money /Hostel Security Deposit amount.  
 We appreciate your assistance in this matter.

Thanking  
 You  
 Sincerely,

(Parents Signature): .....

Mobile No.: .....

**DETAILS FOR SCHOOL LEAVING CERTIFICATE (TC)**

Name of Student: .....

Father's Name : .....

Mother's Name.....

Date of Birth: ..... Class and Year of Admission: .....

Class and Year of Leaving: ..... Nationality: .....

Previous School Attended, School Name & Address (City & Country):  
 .....

Communication Address: .....