WITHDRAWAL FORM

The Doon Yudhishtera Public School, Dehradun

Date: _____

The Principal
The Doon Yudhishtera Public School
Dehradun

Dear Sir,

My Ward/Master/Miss_____AdmissionNo._____ is
Studying in/passed his/her class _____in the academic year_____
Due to (reason) _____
_____
_____
_____

I would like to withdraw him/ her from The Doon Yudhishtera Public School
Kindly issue him/her the Transfer Certificate and clear the dues as per the school norms.
Thanking You,
Yours faithfully,

_____
(Signature of Parent/Legal Guardian)
Name: _____
Address: _____

FOR OFFICE USE ONLY

Remarks by the Administrator:

_____
Date: _____ Signature of administrator.

Remarks by the Principal

_____
Date: _____ Signature of Principal

(To be completed by Accounts Branch)

A sum of Rs._____ by Cheque No. _____dated _____is issued as final settlement of the account of Miss/ Master_____

_____
Date: _____ Signature of Accounts Officer