

Application for School Leaving Certificate

Date _____

To,

The Principal,

KASHI VISHWESHWAR ENGLISH MEDIUM SCHOOL

Pimple Gurav, Pune - 411 061.

Respected Sir,

Kindly issue School Leaving Certificate of my child

Name _____

Surname

Name

Father's Name

Std. _____

Reason for Leaving Certificate _____

Thanking you,

Your's Faithfully,