



**অসম উচ্চতৰ মাধ্যমিক শিক্ষা সংসদ**  
**ASSAM HIGHER SECONDARY EDUCATION COUNCIL**  
**BAMUNIMADAM:: GUWAHATI-781021**

**APPLICATION FOR ADMISSION ON TRANSFER OF REGULAR STUDENTS WHO PASSED HS 1<sup>ST</sup> YEAR EXAM, 2024**  
**(Admissible only in transfer from Permitted/Recognized institution to 2<sup>nd</sup> Year Permitted/ Recognized Institution)**

1. NAME OF THE STUDENT (IN BLOCK LETTERS) :			
2. FATHER'S NAME :			
3. MOTHER'S NAME :			
4. ADDRESS	VILL-		PO-
	DIST-		PIN-
	STATE-		MOB.-
			SESSION- 2023-24
5. REGISTRATION NO & SESSION :			

FROM WHERE TRANSFER IS SOUGHT <i>(Particulars of the present institution)</i>		TO WHERE TRANSFER OF ADMISSION IS SOUGHT <i>(Particulars of the recognised / 2nd year permitted institution)</i>	
INSTITUTION'S NAME	CODE	INSTITUTION'S NAME	CODE
STREAM <i>(Please mention the Stream currently studying)</i>		STREAM	
SUBJECTS <i>(Please mention the Subjects currently studying)</i>		SUBJECTS <i>(Please mention the Subjects to be studied)</i>	
ENGLISH		ENGLISH	

**REASON FOR TRANSFER *(Please tick and attach the documentary evidence mandatory)***

<input type="checkbox"/> Transfer of parents in service.	<input type="checkbox"/> Unavoidable change of residence of parents	<input type="checkbox"/> Medical ground.	<input type="checkbox"/> Change of place / residence due to marriage. <i>(In Case of Female candidate)</i>
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**DECLARATION FROM THE APPLICANT:**

I do hereby declare that the particulars and information furnished at above are true to the best of my knowledge and belief. In the event of anything found to be incorrect/false, I shall be liable to debar from appearing in the ensuing H S examination conduct by the Council or any such punishment that may be deemed fit and proper by the Council.

**SIGNATURE OF THE PARENTS**

**FULL SIGNATURE OF THE APPLICANT**

**CERTIFICATE OF THE PRINCIPAL OF THE PERMITTED / RECOGNISED INSTITUTION FROM WHERE TRANSFER IS SOUGHT**

Certified that the applicant is promoted to HS 2<sup>nd</sup> Year and I have no objection if the Assam Higher Secondary Education Council allows the transfer of the student from my institution.

Institution Name:.....

District:.....

SIGNATURE OF THE PRINCIPAL

SEAL OF PRINCIPAL/INSTITUTION

**RECOMMENDATION OF THE PRINCIPAL OF THE 2<sup>nd</sup> YEAR PERMITTED/RECOGNISED INSTITUTION TO WHERE ADMISSION IS SOUGHT**

- (a) Certified that seat and all the subjects (except.....if any) studies by the student in the former institution are available (if any elective subjects are not available in the institution then the students is to submit a declaration for not appearing the subject is mandatory).
- (b) Certified that all the subject (except.....if any) studies by the student in the former institution are permitted by the council. (Applicable for AHSEC candidate).

Institution Name:.....

District:.....

SIGNATURE OF THE PRINCIPAL

SEAL OF PRINCIPAL/INSTITUTION