**ASSAM STATE SCHOOL EDUCATION BOARD, DIVISION-II**
**(FORMERLY AHSEC)**
**BAMUNIMAIDAM:: GUWAHATI–781021**

### APPLICATION FOR ADMISSION ON TRANSFER OF REGULAR STUDENTS WHO PASSED HS 1ST YEAR EXAM, 2025

(Admissible only in transfer from institutions which are already accorded provisional recognition and affiliation (Erstwhile permitted/Recognition) to another affiliated 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.- |

5. **REGISTRATION NO & SESSION** : | | **SESSION- 2024-25** |

| FROM WHERE TRANSFER IS SOUGHT *(Particulars of the present institution )* | | TO WHERE TRANSFER OF ADMISSION IS SOUGHT *(Particulars of the recognised / permitted institution )* | |
|---|---|---|---|
| **INSTITUTION'S NAME** | **CODE** | **INSTITUTION'S NAME** | **CODE** |
| | | | |

**STREAM** *(Please mention the Stream currently studying)*

**STREAM**

**SUBJECTS** *(Please mention the Subjects currently studying)*

ENGLISH

**SUBJECTS** *(Please mention the Subjects to be studied)*

ENGLISH

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

[ ] Transfer of parents in service.     [ ] Unavoidable change of residence of parents     [ ] Medical ground.

**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 AFFILIATED INSTITUTION FROM WHERE TRANSFER IS SOUGHT**

Certified that the applicant is promoted to HS 2nd Year and I have no objection if the ASSEB, DIV-II allows the transfer of the student from my institution.

Institution Name:…………………………………………………………………

District:………………………………………………………………………………

**RECOMMENDATION OF THE PRINCIPAL OF THE AFFILIATED 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 ASSEB, DIV-II candidates).

Institution Name:……………………………………………………………………………………

District:………………………………………………………………………………………………..

SIGNATURE OF THE PRINCIPAL          SEAL OF PRINCIPAL/INSTITUTION

SIGNATURE OF THE PRINCIPAL          SEAL OF PRINCIPAL/INSTITUTION