



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

APPLICATION CUM RECOMMENDATION FOR ADMISSION ON TRANSFER OF REGULAR STUDENTS WHO PASSED HS 1ST YEAR EXAM, 2026

(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) :	<input style="width:100%;" type="text"/>		
2. FATHER'S NAME :	<input style="width:100%;" type="text"/>		
3. MOTHER'S NAME :	<input style="width:100%;" type="text"/>		
4. ADDRESS :	VILL-	<input style="width:100%;" type="text"/>	
	DIST-	<input style="width:100%;" type="text"/>	
	STATE-	<input style="width:100%;" type="text"/>	
4. ADDRESS :	PO-	<input style="width:100%;" type="text"/>	
	PIN-	<input style="width:100%;" type="text"/>	
	MOB.-	<input style="width:100%;" type="text"/>	
5. REGISTRATION NO & SESSION :	<input style="width:60%;" type="text"/>	SESSION- 2025-26	

FROM WHERE TRANSFER IS SOUGHT <i>(Particulars of the present institution)</i>		TO WHERE TRANSFER OF ADMISSION IS SOUGHT <i>(Particulars of the recognised / permitted institution)</i>													
INSTITUTION'S NAME	CODE	INSTITUTION'S NAME	CODE												
<input style="width:100%; height: 20px;" type="text"/>	<input style="width:100%; height: 20px;" type="text"/>	<input style="width:100%; height: 20px;" type="text"/>	<input style="width:100%; height: 20px;" type="text"/>												
STREAM <i>(Please mention the Stream currently studying)</i>		STREAM													
<input style="width:100%; height: 20px;" type="text"/>		<input style="width:100%; height: 20px;" type="text"/>													
SUBJECTS <i>(Please mention the Subjects currently studying)</i>		SUBJECTS <i>(Please mention the Subjects to be studied)</i>													
<table border="1" style="width:100%; border-collapse: collapse;"> <tr><td style="width:50%;">ENGLISH</td><td><input style="width:100%; height: 20px;" type="text"/></td></tr> <tr><td><input style="width:100%; height: 20px;" type="text"/></td><td><input style="width:100%; height: 20px;" type="text"/></td></tr> <tr><td><input style="width:100%; height: 20px;" type="text"/></td><td><input style="width:100%; height: 20px;" type="text"/></td></tr> </table>		ENGLISH	<input style="width:100%; height: 20px;" type="text"/>	<input style="width:100%; height: 20px;" type="text"/>	<input style="width:100%; height: 20px;" type="text"/>	<input style="width:100%; height: 20px;" type="text"/>	<input style="width:100%; height: 20px;" type="text"/>	<table border="1" style="width:100%; border-collapse: collapse;"> <tr><td style="width:50%;">ENGLISH</td><td><input style="width:100%; height: 20px;" type="text"/></td></tr> <tr><td><input style="width:100%; height: 20px;" type="text"/></td><td><input style="width:100%; height: 20px;" type="text"/></td></tr> <tr><td><input style="width:100%; height: 20px;" type="text"/></td><td><input style="width:100%; height: 20px;" type="text"/></td></tr> </table>		ENGLISH	<input style="width:100%; height: 20px;" type="text"/>	<input style="width:100%; height: 20px;" type="text"/>	<input style="width:100%; height: 20px;" type="text"/>	<input style="width:100%; height: 20px;" type="text"/>	<input style="width:100%; height: 20px;" type="text"/>
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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.
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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 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

Certified that seat and all the subjects studied by the student in the former institution are available.

Institution Name:.....

District:.....

SIGNATURE OF THE PRINCIPAL

SEAL OF PRINCIPAL/INSTITUTION

SIGNATURE OF THE PRINCIPAL

SEAL OF PRINCIPAL/INSTITUTION