

Sl. No:



APPLICATION FOR AFFILIATION

To
The Chairman,
Board of Higher Secondary Open Education Delhi.

Subject : Regarding Affiliation

Sir,

I want affiliation from Board of Higher Secondary open Education Delhi, Registered Office of which is situated in New Delhi, for my Institute to run this Autonomous Private Board’s education & training programs. I am well aware and fully satisfied about the courses and the Recognition Status of the Board. I understood and read carefully all the rules and regulations & terms and conditions of the Board and I fully accept them. The details of my Institute/School/Academy are as under:

1. Name of the Institute/School/Academy:

2. Registration No.(if registered):
(Copy to be attached)

3.FullAddress:.....
.....

Dist.....State.....

Phone.....Mobile.....Pin.....

E-mail:.....Website:.....

Nearest Bus Stand :

Nearest Railway Station :

Nearest Airport :

4. **Details of members of society / trust / firms:**

I		VI	
II		VII	
III		VIII	
IV		IX	
V		X	

**5. Details of the authorized person of the Institute / School/ Academy
(i.e.Coordinator) who will work with the Board on behalf of the Institute:**

Name:

Father's Name:

Mother's Name:

Date of Birth:.....

Full Address:

.....

Mobile:.....**E-mail:**.....

(Attach Xeroxed copy of Voter Identity Card, PAN Card and 2 copies passport sized photographs.)

6. Details of Building:

I. **Total Class Room**

II. **Water arrangement**

III. **Toilet facility**

IV. **Play ground**

V. **Computer facility**

VI. **Internet facility**

7. Details of Staff:

I.

II.

III.

IV.

V.

VI.

VII.

VIII.

IX.

X.

8. Bank Details of the Institute:

- I. **Name of the Bank:**
- II. **Branch:**
- III. **IFSC code:**
- IV. **Account No:**
- V. **Name of Signatory:**

**9. Is your Institute/School/Academy affiliated with any other Educational Board/University?
If yes, give details?**

.....
.....
.....

10. Other Details:

.....
.....
.....

I do hereby declare that the above facts and information are true to the best of my knowledge and belief.

Date :

(Signature of the Coordinator with office seal)

Place:

Name :