

## उत्तर प्रदेश राज्य मुक्त विद्यालय परिषद Uttar Pradesh State Open School Board {UPSOSB} <u>APPLICATION FOR AI</u>

То

The Director (Accreditation/ Affiliation), Uttar Pradesh State Open School Board (UPSOSB), Prayagraj,Uttar Pradesh.

Subject: Regarding Affiliation.

## Sir/Madam,

We want Admission & Information Center affiliation for our School/ College/Institute/ Academy/Organization. We have carefully understood and read all the terms and conditions, we accept all the rules & regulations made by you and are ready to abide by them as per the standards made by you.

Details of School/ College/Institute/ Academy/Organization is as follows:-

		ion	
Full Address :			
		State	
Pin	Pan No	Phone	
Mobile	E-mail :	Website	
Nearest Bus Stand/Railway	y Station/Airport		
(All documents are man	datory to be attached)		
Office Building Details:			
Total Area	Total Rooms	Laboratory	
	Playground Area		
(Office Building Map &	Photographs are mandatory to	be attached)	
Staff Details:			
Total Staff	Administrative Staff	Teaching Staff	
Language Teacher	Sports Teachers.	Others	
(Office Staff details are r	mandatory to be attached)		
Details of the authorized behalf of the Institute / S		College / Academy, who will work with the board on the	
Applicant Name	F	ather Name	

Mother. Name	. Date of Birth
Full Address	
PAN No Aadh	nar No
Mobile No. : E	-mail

Date	 	 	••
Place	 		

**Yours sincerely** 

(Signature of the Principal /Head of School/ College/Institute/ Academy/Organization, With Stamp)

## **Declaration by Al Center**

On behalf of the Institute, I confirm that I will abide by the norms and conditions specified by the Board and perform all the responsibilities of the AI Center, which are mentioned in the Guidelines Brochure of UPSOSB.

The Board has reserves the right to terminate the center's affiliation without any notice if the rules of the Board are violated or the rights granted by the Board are misused by me or any person associated with my organization . In such case Board can withdraw the powers, as well as take legal action against the institution.

I am applying for the center without any pressure as per my wish after fully understanding and making sure the rules, laws of the board.

Name Of Authorize Person.....

(Signature of the Principal /Head of School/ College/Institute/ Academy/Organization, With Stamp)