

## **BOARD OF SECONDARY EDUCATION MAHARASHTRA**



### **Affiliation Form**

Following Documents To Be Attached With Application Form:

Sr. No.	PARTICULARS
	Copy of Society and Trust registration certificates.
	If Private Limited company please attach a copy of Memorandum of association and Article of Association.
	Copy of PAN certificates of your trust / society/ Co. / Institute.
4.	Copy of PAN certificate of the owner of the Institute / President.
	If your Premises is on rent, please attach rent or lease deed, if your premises is owned by you, please attach ownership / registry / allotment papers.
6.	Please also attach a copy of owner's Voter ID / Passport / Driving License of owner / Director.
7.	Photograph of Director/President.
8.	Map of Building.
9.	Map, How to reach institute by Road.
10.	List of Staff Members.

After the completion of all these formalities, within 15 days Centre will be declared.

To,  
The Secretary  
Board of Secondary Education Maharashtra  
Pune (Maharashtra)

Dear Sir,

We wish take affiliation (Type of affiliation see chapter VIII) of the board thereby we are submitting this application form. We certify that we have very well understood our responsibilities and the implications of the scheme. We undertake to follow all the instructions issued by the board from time to time. We assure to follow all the rules and regulations, terms, conditions and norms of the board. We further assure you to that we will try our level best to provide quality education to fulfill the objectives of the board.

Authorized Signatory of the Authorized Signatory of the

Institution Society/Trust/Company

Name: ..... Name: .....

Designation..... Designation.....

Signature & Seal with date: .....

Signature & Seal with date .....

Note: This letter must be typed / photocopied on the letterhead of the Institution and attached at the top of application form.

NOTE: (Please read the following instructions carefully before filling in the form.)

1. Go through the constitution of board, rule & regulations & all other information related to board, as there is no provision of affiliation fees refunding.
2. Use only prescribed Application Form.
3. Type/Write in Block/Capital letters only.
4. To be submitted along with self certified photocopies of the documents and enclosures.
5. Separate forms are to be used for Institutions having different premises/Locations/branches.

**DETAILS OF THE INSTITUTION :**

Name of the Institution : .....

Name of the Director of the Institution : .....

Year of the Establishment of the Institution : .....

Address : .....

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City : ..... Distt.: ..... State.: .....

Pin Code : .....

Phone No. with STD code : .....

Mobile No : .....

Fax No. : .....

E-mail address :.....

Website address if any : .....

Population of the city : .....

**THE SOCIETY/TRUST/COMPANY GOVERNING THE INSTITUTION**

a. Name :.....

b. Registered Address :.....

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c. Year of establishment : .....

d. Registration Number : .....

e. Registering Authority : .....

f. List of Office Bearers:

President : .....

Vice-President : .....

Secretary : .....

Treasurer : .....

g. Phone No. with STD code : .....

h. Fax No. : .....

i. Email Address : .....

j. Objectives of the Society/Trust/Company :

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**INFRA STRUCTURAL DETAILS OF THE INSTITUTION:**

Description of Rooms Area in sq.ft.

(A) Director Room : .....

(B) Faculty Room : .....

(C) Office : .....

(D) Library and Reading room : .....

(E) Computer Laboratory : .....

(F) Class Rooms :

1. ....

2. ....

3. ....

4. ....

(G) Reception : .....

(H) Toilets for Boys/Girls : .....

(I) Parking Area : .....

(J) Girls/Boys Common room : .....

Total Area in Sq. Ft. : .....

Facilities of Computer, peripherals and communication devises

(i) Number of Computers : .....

(ii) LCD Projector and LCD screens : .....

(iii) Number of Printers with Details of each : .....

(iv) Number of Scanners : .....

(v) Details of Internet Facilities : .....

(vi) Details of Networking : .....

(vii) Teleconferencing Facility : .....

(viii) : .....

(ix) : .....

**Finances**

1. Financial capability and strength of the Institution : .....

2. Source of Finances : .....

**Declaration :**

On behalf of the institute \_\_\_\_\_

I \_\_\_\_\_ Son/Daughter of \_\_\_\_\_ do hereby declare that the particulars furnished above are correct to the best of my knowledge and belief and that I am prepared to undergo any punishment imposed on me if any of the particulars furnished are found to be false and misleading. I also further declare that I shall abide by the conditions, rules and regulative measures imposed by the board from time to time for granting permission/affiliation to establish and run this institution. In future I shall never claim anywhere against board as i read out all the information related to board. If i do this court shall disable me.

Signature

Head of the Institution/Authorized Person

Date: .....

(Designation)

Place: .....

(Seal)