

विदर्भ माध्यमिक शिक्षा मण्डल, नागपुर VIDARBHA BOARD OF SECONDARY EDUCATION, NAGPUR

An Autonomous Minority Educational Board
AFFILIATION FORM

Following Documents to be attach with Application Form

S.No.	PARTICULARS	Tick
1.	Copy of Society rules and regulation and registration certificates or Trust deed, registration certificate.	
2.	If Private Limited Company please attach a copy of Memorandum of association and Article of Association and certificate of Incorporation.	
3.	Copy of PAN certificate of your trust/society/Company/Institute.	
4.	Copy of PAN certificate of the head of the Institute/President.	
5.	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 head/owner's Voter ID/Passport/Driving License of owner/Director/Head.	
7.	Photograph of Director/President/Head of the Institution.	
8.	Map of Building (if any)	
9.	Institute's photographs in size A5 (minimum 2 photos)	
10.	Map, How to reach institute by Road,	
11.	List of Staff members.	

After the completion of all these formalities, within 20 days Centre will be declared.

To,
The Secretory
VIDARBHA BOARD OF SECONDARY EDUCATION
Nagpur

SUBJECT: For Affiliation of School.

Respected Madam/Sir,
We intend to affiliate our school/college with VIDARBHA BOARD OF SECONDARY EDUCATION
Therefore, we are submitting this application form along with all relevant documents and certify that we have very well understood our responsibilities and the implications of the scheme. We also undertake to follow all the instructions, regulations & terms and conditions issued by the board from time to time and provide quality education to fulfill the aims and objective of the board.

Name of Institution Society/Trust	
Address :	
City: Distr	rict ;State :
Phone with STD Code	(if any)
Email ID :	
Pin Code :	Mobile No. :

Signature with Seal

Head of the School /Institution / Authorized Person

Note: This letter must be typed/ photocopies on the letterhead of the School Institution and attach at the top of application form.



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AFFILIATION FORM

DETAILS OF THE INSTITUTION

Name of the Director/Chai	rman:		Year of	Esta	iblish	imen	ıt:		
Address:									
City:	District:		State:						
Pin Code:	Mobile No.			T	T	T	T		
Phone/ Mobile No. with ST	'D code:								
E-mail ID:									
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particulars e conditions, DUCATION institution.

Signature with Seal

Head of the Institution/Authorized Person



We

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An Autonomous Minority Educational Board

UNDER TAKING

Address		
marchael March	take that there is no school/ stu thin the radius of 2.0 km from o	dy centre of VIDARBHA BOARD OF SECONDARY
if statement	is found wrong and VID/	per our knowledge. We will be held responsible ARBHA BOARD OF SECONDARY EDUCATION to us. We understand and agree that fee paid
by us with the a	pplication Form or on account our application or any other fe	of processing fee for conduct of inspection, for gran
		roposal or rejection by the board at any stage for my amount or compensation from the school/institute
		Signature,
		Name
		Designation
	Head	of the Institution / Authorized Person with Seal

Study centre/School/ Institute Photos to be pasted	here :-
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Space for affixing

WIDE RANGE PHOTOGRAPHS SHOWING THE LOCALITY OF THE INSTITUTE

1. Photograph	
2. Photograph	