

DIHING BOARD OF OPEN SCHOOLING

A Govt. Recognized Board

Information for Establishing New Study Centre

General Instructions

- 1. All the columns must be filled up in legible handwriting incomplete applications may be rejected.
- 2. Certified copies of all the relevant documents as per the check list given at the end of this form should be enclosed with the application form.

Application for Fresh	For Office Use only
1. Level: Secondary/Sr. Secondary	Consideration No:
2. Gender: Boys/Girls/Both	Processing Fee:
3. Medium: Hindi / English / Assamese	1 0

A. GENERAL INFORMATION ABOUT THE INSTITUTE

Name of Institution	S.			
Registered	District	DB O State	557 0	Pin Code
Office	16	SAMESHERS.	MI	
Phone No.		is the Ly	Mobile No.	
Fax No.			E mail Id	
Name of the				
Principal of				
Institution				
Qualifications of the Principal	Administrative Experience (in Yea	rs)	Teaching Experien	nce
Location of			`	ni-
	Institution Registered Office Phone No. Fax No. Name of the Principal of Institution Qualifications of the Principal	Institution Registered Office Phone No. Fax No. Name of the Principal of Institution Qualifications of the Principal Administrative Experience (in Year	Institution Registered Office Phone No. Fax No. Name of the Principal of Institution Qualifications of the Principal Administrative Experience (in Years) Location of	Registered Office Phone No. Fax No. Name of the Principal of Institution Qualifications of the Principal Administrative Experience (in Years) Location of Registered District DBO State Mobile No. E mail Id Teaching Experience (in Years) (Rural /Urban/Sen

8	Up to what level is the Institution / school imparting education? (Please Tick)					
	Middle	Secondary		Sr. Secondary		
9	Is the Applying Institution Co-educational	ooys / girls or				
10	Medium of instruction in Institution / school (Pleas					
	English					
	Hindi					
	Assamese					

B. INFORMATION ABOUT THE SOCIETY/TRUST RUNNING THE SCHOOL

11	Name and address of Trust/ Society		ARI	OF O	PEN F			
12	Is the Trust/ Society Registered	WG.				3100		
	Yes	E	No	1/2	NE		31	
13	If yes, under which Act	D	7			HHHER	G	
14	Year of Registration	H			Registra	ation No		
	(Certified copy of the Certificate of Registration and Memorandum of the Society is to be enclosed. Enclosure -I)						nclosed.	
15	Name & official ad Manager/Presiden			chool	, (198	il		
	Name			O LIVE		O. S. C.		
	Designation							
	Address							
	Phone No.							
16	Is there a Resolution of the management to run DBOS scheme in the institution (Enclosure-III)							
	Yes		No					

C. RECOGNITION AND AFFILIATION STATUS

17	Is the School Affiliated with any Recognized Board?
18	If YES, please mention the following: (Certified Copy of the affiliation letter to be enclosed.Enclosure- IV)
a)	Name of the Board with which affiliated:
b)	Affiliation No.
c)	Year of affiliation
d)	Is the affiliation permanent or temporary?
e)	If the affiliation is temporary, up to whatperiod?
19	State if there is any conditions foraffiliation?

D. SUITABILITY FOR CONDUCTING PUBLIC EXAMINATION

20	Is the Institution / school fit for conducexaminations?	eting public YES	NO	
	0,2	Tanana and and and and and and and and an		
21	If so, specify the following details			
a)	Availability of sufficient furniture			
b)	Availability of security arrangements	181		
c)	Availability of invigilators —			
d)	Existence of boundary wall with gate			

DECLARATION

This to certify that all the above information furnished regarding the Institution/ School is correct and authentic to the best f my knowledge.

Date:	(Signature of the Principal/Headmaster
Place	(Name with Rubber stamp)

CERTIFICATE OF ENDORSEMENT

(By President/Chairman/Manager of the Institution/ Society/ Organisation)

In support of the application, Ias
certify that, having read the Norms and Procedure for accreditation of institutions, I undertake to ensure that the
Institution will abide by the Rules and Regulations and terms and conditions, as are made applicable to the Accredited
Institutions, from time to time. I further affirm that accreditation, if granted to the Institution, will not be used for
commercial purpose, rather will be used to serve the needs of the Dihing Board of Open Schooling students. I shall do
what is in my power to ensure the smooth and proper functioning of the Institution.
(Signature of the President/Chairman/Manager of the applying institution /society)
Dated:/ (Name of the President/Chairman/Manager with Rubber Stamp)
Place :

CHECK LIST FOR ENCLOSURES

(Duly attested copies are to be attached by an applicant institution)

Sl.No.	Particulars of the Document	Whether enclosedor not please tick	Remarks
1.	Copy of the Certificate of Registration of the Society		
2.	Copy of the Memorandum of Association and Rules and Regulations.		
3.	List of members of the Governing Body of the Societywith their occupations and addresses.		
4.	Resolution of the Management for taking up OpenSchooling courses.		
5.	Copy of the letter of affiliation from a recognized board		

NOTE: All the above-cited documents must be submitted along with the application otherwise the application may not be considered.