## **APPLICATION FOR AFFILIATION**

To

The Secretary
No.127, 2nd Floor, Natesan Towers,
Natesan Nagar, Near Indira Gandhi Signal,
Puducherry -605 005

Sub. Regarding Affiliation

Sir,

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We want affiliation / National Co-ordinator / Regional Co-ordinator / Study centre for my / our institute / school. We understood and read carefully all rules and regulations, terms and conditions and we accept them. The details of our Institute / School / College / Academy as under:

under.			'U^ /
<ol> <li>Name of the institute / school</li> <li>Regd. No. if registered</li> <li>Full Address</li> </ol>			AMO
Dist	State:	J	
Phone:	Mobile:		Pin:
E-mail:		website:	
Nearest Bus Stand : -			
Nearest Railway Station : -			
Nearest Airport : -	<del>- ACH</del>		
1. Detail of members if society ,	trust / firms:		
II			
III			
IV V			
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5. Detail of the Authorized person of institute / school/ college / academy who will work with the Board on the behalf of the institute/school/College.

Name :
Father name :
Mother name :
Date :
Birth :
Address :
mobile:Email
(Copy attached any identity as a proof of address)
(copy attached any lacinity as a proof of address)
6. Detail of Building:
I.Total Class Room :
II.Water arrangement :
III.Toilet facility :
IV.Play ground :
V.Computer facility :
VI.Internet facility
7. Detail of Staff:
. Detail of Staff.
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Bank Detail of the institute	IL OF HIGHS			
Name of the Bank :				
Branch :				
IFSC code :				
Account No :				
Name of Signatory Person:				
Is your institute/school/colleges affiliated with any attach copy.	other educational Board / University? If yes give details and			
10. Other Details:				
Δ	CHE			
I hereby declare that the above information is true.				
Dated:	Signature:			
	Name:			
Place:	Designation:			
	Stamp:			

COUNCIL OF HI