

NOTARY TICKETS  
(Rs, 100)

**AFFIDAVIT**



I .....S / D /of.....

Resident of.....

Village.....Tehsil.....

Distt.....State.....Pin code.....

Telephone.....Mobile.....

Declare as under:

1. I am Director / Principal / Head of the.....

.....

.....

.....email.....

(Name and complete address of the institute/school/college)

Pin code.....phone.....mobile.....

2. I wants authorization from Board of Higher Secondary Education Delhi, A.O.: Banga -144505 (SBS Nagar).for my institute /school/ college/ academy to run the board's education & training programme and I am well aware and fully satisfied about the courses and the status of the board and I know that all the courses run by the board are autonomous programme and for knowledge and wisdom and for self education only.

3. I am fully and legally authorized for all responsibilities and liabilities of my institute / school /college / academy with the board.

4. I know that board is not a member of the C.O.B.S.E. New Delhi

5. I know that board is not listed in list of boards MHRD GOVT. of India

6. I will not give any guarantee or promise to any student to give or get any further admission and job.
7. All admission / examination documents collected from the board / students will be kept safely / confidentially by me and it is my responsibility for its timely distribution in the center or sent to the board.
8. I shall abide and obtain to present rule and regulations and directions of the board and those which are to be enforced time to time.
9. If I / my institute / school /academy have any dispute with the board it will be resolved through the committee appointed by the Board of Higher Secondary Education Delhi, Banga-144505 (SBS Nagar) under Indian Arbitration Act 1940. The decision of the arbitrator shall be final and binding on all parties, direct court will not be permissible.
10. I have read and understood and accept the rules and regulations of the board and agree to abide by them .If I stuck any rules and regulations of the board, the board will free / authorized to cancel the affiliation / contract and I will liable to all expenses of the board and students.

**Signature of the Deponent**

**Name.....**

**Date:**

**Attested by Notary public**