## **Application for Authorization**

То	
	The Chairman, Board of Higher Secondary Education Delhi
	Admin office:- BANGA-144505 (SBS Nagar
Sub. Regarding Authorization	
Sir,	
We wants authorization / information center understood and read carefully all rules and accept them. The details of our institute / so	regulations, terms and conditions and we
1. Name of the institute / school / academy.	
(Copy attached)	
Dist	State
PhoneMo	bilePinPin
E-mail	website
Nearest Bus Stand.	
Nearest Railway Station.	
Nearest Airport.	
4. Detail of members if society / trus	t / firms:
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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 of birth
Full.address:
(Copy attached any identity 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:
I. Hindi Teacher
II. English Teacher
III. Math Teacher
IV. Science Teacher
V. Social Science
VI. Computer Teacher
VII

VIII

Signature	VIII	
Bank Detail of the institute:  I. Name of the Bank	IX	
II. Branch  III. IFSC code:  IV. Account No  V. Name of Signatory Person  Is your institute/school/colleges affiliated with any other educational Board / University ve detail? If yes copy attached.  9. Other Details:  mere by declare that the above information is true.  ated.  Signature  lace:  Name.  Designation.	X	
III. Branch	8. Bank Detail of the insti	itute:
III. IFSC code:  IV. Account No  V. Name of Signatory Person  Is your institute/school/colleges affiliated with any other educational Board / University ve detail? If yes copy attached.  9. Other Details:  mere by declare that the above information is true.  ated.  Signature  lace:  Name.  Designation.	I. Name of the Bank	
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lace: Name  Designation	Dated.	
Designation		Signature
	Place:	Name
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