TO

The Director,
Patrachar Shiksha Parishad (PSP),
Pan India Partner Subsidiary Organization,
Odisha State Board of Madrasa Education (OSBME)
BBSR Odisha.

Subject: Admission & Information Center (AI) Affiliation.

Sir/Madam,

We wish to affiliate our School/College/ITI/Institute/ Organization with the Patrachar Shiksha Parishad (PSP) BBSR Odisha. Therefore, we are submitting this application form along with all relevant documents and certify that we have fully understood our responsibilities and the implications. We also undertake to abide by all the instructions, regulations, terms and conditions issued by PSP from time to time and to provide quality education to meet the goals and objectives of PSP, after affiliation, if at any time the authorities of PSP feels that we are not following the rules and regulations or are involved in any kind of wrongful activity, may cancel our affiliation without informing us.

Name of Institution/Society/Trust/Company/Organization.....

.....

Address: .....

City: .....District: .....State: .....

Pin Code: ..... Contact No: .....

Authorized Person Name & Signature with Seal

(Request Letter for AI should be on Letter Head)

PATRACHAR SHIKSHA PARISHAD - (PSP)

{Plot No. 31, Unit IV, Bhouma Nagar,BBSR, Odisha-751001}

PAN INDIA PARTNER - SUBSIDIARY ORAGNISATION

ODISHA STATE BOARD OF MADRASA EDUCATION - (OSBME)

{Under the Department of School & Mass Education Govt. of Odisha
Urdu Bhawan QR.No.- 3/1, UNIT- IX,BBSR, Odisha 751022}

ADMISSION & INFORMATION (AI) CENTER AFFILIATION FORM

Name of the School/College/ITI/Institute/ Organization: .....

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Name of the Chairman/President/ Director: .....

Year of Establishment..... Address: .....

.....City: .....District: .....State: .....

Pin Code: .....Contact No: .....

E-mail id: .....Website address if any: .....

OFFICE DETAILS:

Description Office Building Area in sq. ft.: .....Total Rooms: .....

Total Computers/Laptops: ..... Total Printers:.....

Total Class Rooms: .....:..... Total Labs: .....

.....Library Area: .....

Toilets: .....Internet Facility: .....

CCTV Facility: .....Total No. of Teachers: .....

Total No. of Administrative Staff: .....

Name of Authorized Person .....

Designation .....

Date.....

Place..... Signature With seal

Declaration

On behalf of the School/College/ITI/institute/Organization.....

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I.....Son/Daughter of .....

Address.....

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declare that the details given above are correct to the best of my knowledge and belief and if any of the details given are found to be false and misleading then Patrachar Shiksha Parishad (PSP) will terminate me. I also declare that I will abide by the terms, conditions and regulatory measures of PSP. I will never make any claim against PSP in future. I have studied all the rules and regulations before applying for the center. I am taking the center voluntarily. If I am found doing any such activity or involved in any such activity which brings bad name and style of PSP or brings disrepute to the organization then PSP will terminate my contract immediately and I will abide by the decision of PSP.

Name of Authorized Person .....

Designation .....

Date.....

Signature With seal

Place.....

(Declaration should be on Stamp Paper @ 10)

UNDERTAKING

We.....

Address.....

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hereby undertake as The statement and information given in the Request application for Admission & Information (AI) Center of Patrachar Shiksha Parishad (PSP),AI center Form of PSP and declaration by us related to the AI Center of PSP are true to the best of our knowledge. If the statement, information and documents are found to be false in any document submit by us to PSP then we will be responsible and Patrachar Shiksha Parishad (PSP) will cancel our affiliation and take administrative/legal action against us.

Name of Authorized Person .....

Designation .....

Date..... Signature With seal

Place.....

(Undertaking should be on Letter Head)