

Himachal Pradesh Board of School Education, Dharamshala-176213

From:	The Principal/Vice Principal/ Chairman/Secretary/MD/Director
То:	The Secretary HP Board of School Education Dharamshala, Kangra, HP - 176213
Sub: -	Application for Creation of the HPSOS Study Centre.
Respec	ted Sir/Madam,
require	The application for creation of the HPSOS Study Centre is submitted for consideration. The d particulars that have been provided in the following pages are authentic and valid.
Regula be with further becom Affilia the ne	On behalf of the institution, I affirm that I will abide by the Norms and Conditions specified and arry out the responsibilities of Affiliated Institution, which have been spelt out in the HPSOS tion and accept the conditions imposed. Specifically, I have noted and agreed that Accreditation can adrawn by HPSOS without assigning any reason and making us liable for any loss and damages. I mention that the school has got the necessary infrastructure to function as the Study center by sing an Affiliated Institution of HPSOS up to Secondary/Senior Secondary stage. I further affirm that tion, if granted to the Institution, will not be used for commercial purpose, rather will be used to serve eds of the HPSOS students. I shall do what is in my power to ensure the smooth and proper uning of the Institution.
	"Thank You"
Date Plac	
	(Name in block letters)
	Affix stamp duly initialled



Himachal Pradesh Board of School Education, Dharamshala-176213

"INFORMATION FORM FOR GRANT OF ACCREDITATION FOR THE HPSOS STUDY CENTRE"

(To be completed by the institution in all respect)

General Instructions:

- 1. All the columns must be filled up in legible handwriting incomplete applications may be rejected.
- 2. Certified copies of all relevant documents as per the check list given at the end of this form (from sr.no 1 to 4) should be enclosed with the application form.

School Code Gender: Boys/ Girls/both.) Stream available: Arts / Commerce / S Application for Level		erce / Science	b) Medium: Hindi/English/Both. d) Affiliation no				
	GENER	AL INFORMATION	N ABOUT TH	E INSTITUTION			
	Full name of the Institution	on:					
	Postal Address						
	City/Place/Vill:	P.O./Block/Tehsil:					
	District:	State:		Pin Code			
	Phone No. with STD Coc	le:					
	Mobile No:			0			
	Email id :				-		
	Name of the Principal/Vi						
	Location of School (Rura						
	Falling under which Sub				km)		
	Up to what level is the In				кііі)		
	op to what level is the in	stitution / sensor imp	arting educatio	Middle			
				Secondary			
0.	Medium of instruction:			Sr. Secondary			
υ.	English	Hindi		Any other	7		
١.	Details of Accreditation	Fee of Rs. 30,000/- to	be paid throug	⊥ gh Bank Draft/Board cash	counter		
	Bank Draft No: Dairy No :						
2.	Date:Name of Bank/BOSE Counter: Does the applying Institution /school receive any grant from the Govt. of India /State Govt. /Union Territory or any other source?(YES /NO)						
3.	Name of the HPSOS Stu	dv centres under the i	radius of 10km	from the applicant schoo	l:-		
	Name of the applicant Scho	*		HPSOS Study centres Name	Kms		
	Complete Address: School Code:						
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Sr.No	Places	Name	km.
1.	Nearest Police Station		
2.	Nearest Nationalized Bank		A 1996
3.	Nearest Govt. Sr. Sec. School (s)*		
4.	Nearest Private Sr. Sec. School (s)*		
5.	Nearest Post Office		
6.	Nearest HPBOSE Book Distribution Centre.		

DECLARATION

1.	The school has a safe building which has already been inspec					
2.	The school has adequate rooms equipped with the CCTV of	cameras available for the conduct of				
	PCP classes.					
3.	There is updated Library along with Computer and Science L	ab in the school.				
4.	There are experienced, well qualified teachers in the school	for the conduct of PCP classes and				
	entertaining the needs of aspirants.					
5.	We definitely check the eligibility of the students before filling	ng their online admission form				
6.	The school will maintain all records of the students as directed by the HPSOS/HPBOSE from time					
	to time accordingly.					
7.	We will keep checking the Board's website and SOS login id	s from time to time so that we can get				
	information about new updates/amended rules.					
8.	We will deposit the HPSOS Study Centre Creation renewal fee on time.					
9.	I will not disclose the issued User code & Password to anyone	e				
).	have read all the Norms & Criteria of the creation of HPSOS Study Centre.					
1.	have given the authentic and correct information. Board office may cancel the accreditation of P SOS study centre if in future it appears that the information given earlier is not correct or has ven the wrong information					
	Date: :	Date: :				
	Place:	Place:				
	Signature of the Principal/Vice Principal:	Signature of the Chairman/Secretary/MD/Director:				
	Name In block letters:	Name In block letters: :				
	Affix stamp duly initialled	Affix stamp duly initialled				