



## *Himachal Pradesh Board of School Education, Dharamshala*

To

The Secretary  
HP Board of School Education  
Dharamshala, Kangra,  
HP 176213

Sub: - **Application for Accreditation of Study Centre for HPSOS.**

Respected Sir/Madam,

The application for Accreditation of HPSOS Study Centre is submitted for consideration by HPSOS. The required particulars that have been provided in the following pages are authentic and valid.

On behalf of the institution, I affirm that I will abide by the Norms and Conditions specified and will carry out the responsibilities of Affiliated Institution, which have been spelt out in the HPSOS Regulation and accept the conditions imposed. Specifically, I have noted and agreed that Accreditation can be withdrawn by HPSOS without assigning any reason and making us liable for any loss and damages. I further mention that the school has got the necessary infrastructure to function as the Study center by becoming an Affiliated Institution of HPSOS up to Secondary/Senior Secondary stage. I further affirm that Affiliation, if granted to the Institution, will not be used for commercial purpose, rather will be used to serve the needs of the HPSOS students. I shall do what is in my power to ensure the smooth and proper functioning of the Institution.

**Apart from this I also give consent to the following:-**

1. The school has a safe building which has already been inspected by the concerned department.
2. The school has adequate rooms available for the conduct of PCP classes.
3. There is updated Library along with Computer and Science Lab 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. The school will maintain the class/session wise student's fee record along with supporting documents.
6. I will not disclose the issued User code & Password to anyone.
7. I have given the authentic and correct information. Board office may cancel the accreditation of HP SOS study centre if in future it appears that the information given earlier is not correct or has given the wrong information.

**"Thank You"**

Date: : \_\_\_\_\_

Place: \_\_\_\_\_

Signature of the Principal:  
\_\_\_\_\_

Name In block letters: \_\_\_\_\_

Affix stamp duly initialled

Date: : \_\_\_\_\_

Place: \_\_\_\_\_

Signature of the  
Chairman/Secretary/MD/Director:: \_\_\_\_\_

Name In block letters: : \_\_\_\_\_

Affix stamp duly initialled



# Himachal Pradesh Board of School Education, Dharamshala

## INFORMATION FORM FOR GRANT OF ACCREDITATION

(To be completed by the institution in all respect)

**Dairy No (For office Use only):** \_\_\_\_\_.

### General Instructions

1. All the columns must be filled up in legible handwriting incomplete applications may be rejected.
2. Certified copies of all the relevant documents as per the check list given at the end of this form should be enclosed with the application form.

a) **Level** : Secondary / Senior Secondary

b) **Gender** : boys/ girls/both

c) **Medium**: Hindi/English/Both.

**School Code** \_\_\_\_\_

**Affiliation no** \_\_\_\_\_

**Stream available:**

Arts / Commerce / Science

### “GENERAL INFORMATION ABOUT THE INSTITUTION”

1. Full name of Institution: \_\_\_\_\_.
2. Postal Address  
City/Place/Vill: \_\_\_\_\_ P.O./Block/Tehsil: \_\_\_\_\_  
District: \_\_\_\_\_ State: \_\_\_\_\_ Pin Code \_\_\_\_\_.
3. Phone No. with STD Code: \_\_\_\_\_
4. Mobile No: \_\_\_\_\_ Fax No \_\_\_\_\_.
5. Email id : \_\_\_\_\_
6. Name of the Principal: \_\_\_\_\_.
7. Location of School (Rural /Urban/Semi-urban) : \_\_\_\_\_
8. Falling under which Sub Division : \_\_\_\_\_ ( \_\_\_\_\_ \* km)
9. Up to what level is the Institution / school imparting education?

Middle	
Secondary	
Sr. Secondary	

10. Medium of instruction:

English	
Hindi	
Any other	

11. Details of Accreditation Fee of Rs.30,000/- to be paid through Bank Draft/Board cash counter

Bank Draft No: \_\_\_\_\_ Dairy No : \_\_\_\_\_

Date: \_\_\_\_\_ Name of Bank: \_\_\_\_\_

12. Has the Institution ever applied to HPSOS for accreditation before?  
YES/NO

If YES, please furnish the following details:

Year and date of applying

Consideration no

13. Does the applying Institution /school receive any grant from the Govt. of India /State Govt. /Union Territory or any other source? \_\_\_\_\_(YES /NO)
14. Will the laboratories, library and other facilities be available to the HPSOS learners as and when required? \_\_\_\_\_ ( YES/NO.)
15. Name of the SOS Study centres under the radius of 10km (attach distance certificate duly issued by the PWD department)

1.	2.
3.	4..
5.	6.
7.	8.
9.	10.
11.	12.
<b>There is/are no SOS study centres (s) under the radius of 10km.</b>	<b>Give Comments;</b>

Sr.No	Places	Name	Distance in km.
1	Nearest Railway Station		
2	Nearest Police Station		
3	Nearest Nationalized Bank		
4	Nearest Govt. Sr. Sec. School (s)*		
5	Nearest Private Sr. Sec. School (s)*		
6	Nearest Post Office		

#### DECLARATION

This to certify that all the above information furnished regarding the Institution/ School is correct and authentic to the best of my knowledge.

Date: : \_\_\_\_\_

Place: \_\_\_\_\_

Signature of the Principal:  
\_\_\_\_\_

Name In block letters: \_\_\_\_\_

Affix stamp duly initialled

Date: : \_\_\_\_\_

Place: \_\_\_\_\_

Signature of the  
Chairman/Secretary/MD/Director:: \_\_\_\_\_

Name In block letters: : \_\_\_\_\_

Affix stamp duly initialled