

ऑल इण्डिया ओपन स्कूलिंग All India Open Schooling

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Affidavit

1	,S / D/ of	,
Resident of		,
Village	Tehsil	,
Distt, Sta	te	Pin Code,
Telphone No	Mobile N	lo
Declare as under:		
1. I am the Director/ Principal / He	ad of the	
••••••	•••••	
	E-mail	
Pin Code	Phone No	Mobile No
2. I wants affiliation from the ALL INDIA C	OPEN SCHOOLING,	
for my institute / school / college to run the	e Board's education	
& training progaramme I am well aware and fully satisfied about the courses and the status of the		
council and I Know that all the courses run by the Council are autonomous programmes and for		
knowledge, wisdom and for self education only.		
3. I am fully and legally authorised for all the responsibilities and liabilities of		
my Institute / School / College / Academy with the Council.		
4. I will not give any guarantee or promise to any student to give or get any further admission and job		
DATE	Place	 Signature