



सेन्ट्रल बोर्ड ऑफ सीनियर सैकण्डरी एजुकेशन, दिल्ली
Central Board of Senior Secondary Education, Delhi

APPLICATION FORM FOR SCHOOL / INSTITUTE AFFILIATION

(NOTE : USE BOLD LETTER ONLY)

Name of School / Institute

Signature / हस्ताक्षर

School Registration (If Any), Attach Copy of Registration

Full Address

District / City _____ State _____

Country _____ Pin _____

Email id (if any) _____ Website (if any) _____

Nearest Distance From Following - (Name of Place & Km.)

Nearest Bus Stand _____ Nearest Railway _____

Nearest Airport _____

Details of Society / Trust Members with their Position -

Name	Position
1. _____	_____
2. _____	_____
3. _____	_____
4. _____	_____
5. _____	_____
6. _____	_____
7. _____	_____
8. _____	_____

Authorization Person of Institute / School -

Name of Person _____

Father Name _____

Mother Name _____

Date of Birth _____

Full Address _____

Mobile _____ Email id _____

Note : Attach identity proof and address proof.

Date _____

Place _____

Seal of Institute / School

Signature of Authorization Person