

13. Detail of Courses that you are interested to offer through UPSOSB:

Sr. No.	Proposed Course	Expected No. of Admissions	Sr. No.	Proposed Course	Expected No. of Admissions
1			7		
2			8		
3			9		
4			10		
5			11		
6			12		

(Use separate sheet, if necessary)

14. Teachers and other Staff Teaching Department Details:

Enclosed separate List of all Trainers and other Staff Members in following format:

Name Father's Name Date of Birth Sex Academic Qualification Professional Qualification Experience (Teaching & Non-Teaching both) Level of Association (Full Time/ Part Time/ Visiting Faculty) Key Skills

DIRECTORPROFILE**1. Name:** _____**2. Designation:** _____**3. Sex:** M F **4. Qualification:** _____**5. Experience :** _____**6. Photo ID Proof :** Driving License Passport Voter ID PAN Card

(Kindly enclose the copy)

**DECLARATION**

We certify that the particulars furnished above or in the preceding pages are true to our best of our knowledge and express our willingness for an inspection to assess the infrastructural facilities, qualified staff etc. We declare that the Organization will abide by all the rules and directions of Rural Institute of Open Schooling (UPSOSB) given from time to time. In case of any information furnished by us is found wrong or incomplete in any regard, we shall be the responsible for any decision taken by UPSOSB. I hereby confirm that I will regularly visit/login website namely www.upsos.ac.in and any information relevant will be received by me from above-said website. Further, I will never claim any information officially or unofficially in hard copy and email. Therefore, only I will be responsible for all types of consequences, if I don't visit/login the said website.

I have carefully read and understood all the guidelines, specifications and other information published by the UPSOSB on the Website www.upsos.ac.in In case of any disputes or for any unforeseen issue(s) or issues not covered in the guidelines, specifications and other information published by the UPSOSB, the decision of the UPSOSB shall be final and binding on me and all other concerned. I agree that the UPSOSB reserves the right to withdraw any location or any Discipline/Programme or its nomenclature at any time without assigning any reason and to make modifications in any information published anywhere whenever deemed necessary.

In the event of any disputes between the parties, which are not covered at the arbitration clause, the courts of Delhi shall have exclusive jurisdiction.

Date: _____**Specimen Signature of the Proposed Principal/Director****Seal & Signature of the Head of the Organization**

FOR RC USE ONLY

Allotment Fee of Rs. 32,000/- (Non-Refundable and Non-Adjustable) in favor of **"Uttar Pradesh State Open School Board"** payable at **"Lucknow."**

Demand Draft No.	Date	Bank	Issuing Branch

Kindly allot me the following selected Programmes :

1) High School Examination

2) Intermediate Examination

PHOTOS TO BE PASTED:

Space for Affixing

'WIDE RANGE PHOTOGRAPH SHOWING THE LOCALITY OF THE ORGANISATION'

UNDERTAKING

The above pasted photographs are belonging to our Organization. I also undertake that if I fail to pay renewal fee for Regional Coordinator then UPSOSB have the right to transfer all our enrolled Students to any other Regional Coordinator or treat them as Direct Students to complete their course.

I understand and agree that fees paid by me with the application form or on account of processing fee, for conduct of inspection, for grant of approval of my application or any other fee or charges, as prescribed for Study Center once paid, will be non-refundable. Withdrawal of my proposal or rejection by the UPSOSB at any stages for reason whatsoever shall not entitle me to claim any amount or compensation from the UPSOSB

Signature of the Proposed Principal/Director

Seal & Signature of the Head

KINDLY SUBMIT ACADEMIC/STUDY CENTER FORM AT: UTTAR PRADESH STATE OPEN SCHOOL BOARD (UPSOSB)
Administrative Office: Raheja House 5, Vimal Kunj, Faridi nagar, Picknic Spot Road, Lucknow-226 015
Phone No.: +91 - 522 - 63- 0522- 2358844 **Fax No.:** +91 - 522 - 2358848



उत्तर प्रदेश राज्य मुक्त विद्यालय परिषद

UTTAR PRADESH STATE OPEN SCHOOL BOARD

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INFORMATION OF ORGANISATION

Name of the Organisation

Type of Organisation

Registered Address

Date of Registration

Registration Number

Pan card No

Proposed Office Address

List of Office Bearers

President/Chairman

Mobile No

Authorised Person

Phone No. with STD Code

E-mail Address

Fax

DOCUMENTS TO BE ATTACHED

1. Photocopy of Organization Registration Certificate.
2. Photocopy of Organization PAN.
3. Photocopy of Organization Head PAN.
4. Photocopy of Organization Head Id Proof.
5. Photocopy of Organization Building Ownership Proof/Rent Deed.
6. Organization Building Photograph.
7. Organization Building Map.
8. List of Staff members.