Dated:- 20.11.2020

The Secretary,
CBSE, Preet Vihar,
Delhi-110092

SUBJECT:- DECLARATION CERTIFICATE

It is hereby certified as follows:

1. That the information given about the school is true to the best of my knowledge.
2. That the School is not sponsoring candidates of any other Board / Universities for examination, and will not do so in future either.
3. That the school is run by a registered Society/ Govt. Authority which is of non-proprietary character and its constitution is such that it is not vesting control on a single individual or member of a family.
4. That the aim of Society/ School is to impart quality education to the children and not to earn profit.

(***In case the school's application is under switch over category please include the following clauses in the certificate or else strike it out***).

5. That our school i.e. GMSSSS Uklana Mandi (1481) Hisar was earlier recognized by the BSEH Bhiwani (State Board) and now we want to switch over the same from the State Board to the CBSE, Delhi. We have applied offline / online vide registration no. _____ for Fresh Regular Affiliation upto secondary level / senior secondary from the CBSE, Delhi.
6. That the students presently studying in Class IX / XI will be appearing in Board examinations from previous State Board for Classes X / XII exams in the coming year.
7. That after getting affiliation from CBSE, the school will not unauthorizedly sponsor candidates from the previous State Board or any other Board/institution/independent candidates.

Place: Uklana Mandi

Date: 20-11-2020

Signature & Seal

Principal

Name in Capital Letters DR. ARJUN DEV

Principal
G.M.S.S.S.S.
Uklana Mandi -1481
HISAR

Forwarded and recommended to CBSE for affiliation. It is certified that the School is being run by Govt. / Govt. Organization and it fulfills all applicable conditions as per Affiliation Bye-Laws,2018 of the CBSE.

To be forwarded by:

Deputy Commissioner KVS/
Dy. Director NVS /
D.P.I /
Directorate of Education/
E. O. Concerned /
Concerned Department
Competent Authority

Name:
Designation:
State/UT:
Signature:
Stamp:

Distt Education Officer
Hisar

Place:
Date: