

FORMAT OF CERTIFICATE TO BE ISSUED BY THE DISTRICT EDUCATION OFFICER IN RESPECT OF SCHOOLS ALREADY AFFILIATED WITH THE BOARD AND SEEKING EXTENSION/UPGRADATION OF AFFILIATION WITH THE CENTRAL BOARD OF SECONDARY EDUCATION


(In accordance with School Safety Policy, 2016 issued by the NDMA, Manual on Safety and Security of Children in Schools developed by NCPCR and the National Building Code)


PART - A

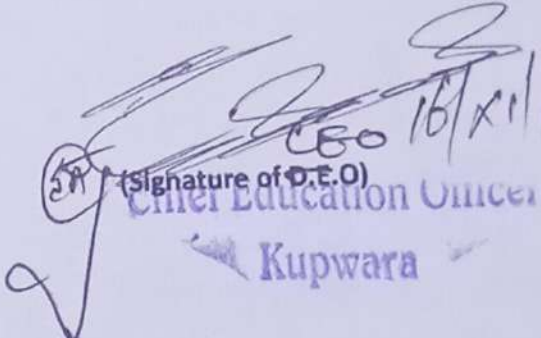
(This part is to be filled-up by the school and to be produced before the District Education Officer along with all supporting documents and certificates in original)

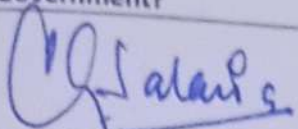

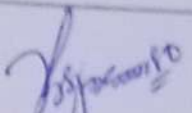

GENERAL INFORMATION

1	Affiliation Number allotted by CBSE to the school:	730057
2	Name of the school as per affiliation letter of CBSE:	ARMY GOODWILL SCHOOL WAYNE KUPWARA
3	Address of the school:	P/O. HALMATPORA TEH/DIST:- KUPWARA PIN:- 193222.(J&K)
4	Standard/level/class up to which the school is running:	Senior Secondary
5	Is the name and address of school in CBSE affiliation letter and state NOC/Recognition/U-DISE same exactly the same:	Yes
6	U-DISE code allotted to the school:	01010500206
7	Name and address of the Trust/Society/Company(Under Section-8) running the school as on date:	Yes, Army Goodwill School Wayne Kupwara.
8	Is the Trust/Society/Company duly registered with the competent registering authority and the registration is valid as on date?	Yes
9	Purpose of present application:	Extension of Affiliation
10	Location of school:	Outside the Municipal of Kupwara Town, i.e Wayne Kupwara.


(Signature of Principal)




(Signature of D.E.O.)
Chief Education Officer
Kupwara

25	Is the Salary to the teachers and other employees of the school being paid through the bank by mode of electronic clearing?	yes
26	Is the school paying EPF to the teachers and other employees as per the norms of the appropriate Government?	yes
 (Signature with Stamp of School Manager)		 OIC Army Goodwill School Wayne Kupwaras
		 (Signature with Stamp of School Principal)
 PRINCIPAL WAYNE KUPWARA		

PART - B

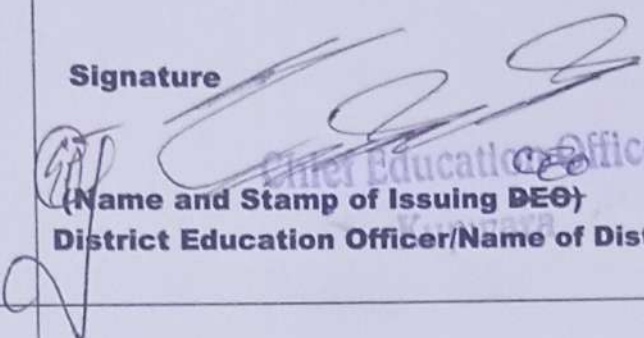
(This part is to be filled-up by the District Education Officer after Verifying all supporting documents and certificates in original and visiting the school)

File No: _____


Date of Issuance: 16-11-2019

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|---|---|--------------------------|
| 1 | This is to certify that the information above, provided by the school has been verified on the basis of all supporting documents & Certificates and Visiting the school and the information has been found correct. | |
| 2 | Is the school recommended for the Extension/ Up-gradation of Affiliation? <input checked="" type="checkbox"/> | Extension of Affiliation |

Signature


 (Name and Stamp of Issuing DEO)
 District Education Officer/Name of District

Counter Signature


 (Name, Designation and Stamp)
 DISTRICT COLLECTOR/DEPUTY COMMISSIONER
 (Or His authorized representative)

NAME OF DISTRICT: