



EXPRESSION OF INTEREST FOR AFFILIATION

Date: _____

Name OF SCHOOL / COLLEGE

Applied for HSSC SSC

Principal Name

Principal Contact No.

Official Email

Institute Contact No.

Whatsapp No.

Academic Year

Institute Address

District:

City:

Owner Name

Owner Contact No.

Email

Authorised Person Detail

Registration Certificate from Directorate Yes / No _____

Document Requirement:

- 1) Original Certificate (Director for Registration of Private Institution Education Department)
- 2) Affiliation request letter (on Letter Head)

Signature of Principal