

मुक्त विद्यालय शिक्षा परिषद्  
**Council of Open Schooling**

Established Under S.R. Act XXI, 1860 (Govt. of Haryana)

[COBSE NOC VIDE LETTER REF. NO. COBSE/C.99/2011; COBSE, UNDER MHRD GOVT. OF INDIA]

AN ISO 9001:2008 Certificate Organization

**AFFIDAVIT**

I .....S / D /of.....

Resident of.....

Village.....Tehsil.....

Distt.....State.....Pin code.....

Telephone.....Mobile.....

Declare as under:

1. I am Director / Principal / Head of the.....

.....

.....email.....

(Name and complete address of the institute/school/college)

Pin code.....phone.....mobile.....

2. I want affiliation from **Council of Open Schooling**  
for my institute / school / college to run the board's education  
& training programme and I am well aware and fully satisfied about the  
courses and the status of the council and I know that all the courses run by  
the council are autonomous programme and for knowledge and wisdom  
and for self education only.

3. I am fully and legally authorized for all responsibilities and liabilities of my  
institute / school /college / academy with the council.

4. I will not give any guarantee or promise to any student to give or get any  
admission and job.

5. All admission / examination documents collected from the council / students will be kept safely / confidentially by me and it is my responsibility for its timely distribution in the center or sent to the council.
6. I shall abide and obtain to present rule and regulations and directions of the council and those which are to be enforced time to time.
7. If I / my institute / school /academy have any dispute with the council it will be resolved through the committee appointed by the **Council of Open Schooling** ,under Indian Arbitration Act 1940. The decision of the arbitrator shall be final and binding on all parties, direct will not be permissible.
8. I have read and understood and accept the rules and regulations of the council and agree to abide by them .If I stuck any rules and regulations of the council, the council will free / authorized to cancel the affiliation / contract and I will liable to all expenses of the council and students.

Signature of the Deponent

Date:

Name.....