

**Acknowledgement No.** \_\_\_\_\_  
(To be allotted by UPSOSB)

To  
The Director (Accreditation)  
UPSOSB

Sir/Madam,

The application for ..... (fresh endorsement/ up gradation/increase of  
number of seats) of.....  
(Name of the institution or Society or Organization seeking endorsement)

is submitted for consideration by UPSOSB. The required particulars, that have been provided in the following pages are authentic and valid.

On behalf of the institution, I affirm that I will abide by the Norms and Conditions specified and will carry out the responsibilities of Accredited Institution, which have been spelt out in the UPSOSB booklet and accept the conditions imposed. Specifically, I have noted and agreed that endorsement can be withdrawn by UPSOSB without assigning any reason and making us liable for any loss and damages. I further mention that the school has got the necessary infrastructure to function as the Resource Centre by becoming an Accredited Institution of UPSOSB up to Secondary/Senior Secondary stage.

Yours sincerely

Date: .....

Place: .....

(Signature of the Principal /Head of School)

(Name In block letters.....)

Enclosure: Complete Proforma

Affix stamp duly initialed



उत्तर प्रदेश राज्य मुक्त विद्यालय परिषद्  
UTTAR PRADESH STATE OPEN SCHOOL BOARD  
(UPSOSB)

**FORM FOR GRANT OF ACCREDITATION/ENDORSEMNT  
For Resource Centre/Regional Resource Centre/State Resource Centre**

(To be completed by the applicant institution in all respect)

**General Instructions**

1. All the columns must be filled up in legible handwriting Incomplete applications may be rejected.
2. Certified copies of all the relevant documents as per the check list given at the end of this form should be enclosed with the application form.

Application for .....Fresh Accreditation Endorsement/ Up gradation	<b>For Office Use only</b> Acknowledgement No: ..... Processing/Endorsement Fee .....
a) <i>Level</i> : Secondary/Sr. Secondary	
c). <i>Medium</i> : Hindi/English/ Urdu/..... (regional medium)	

**A. GENERAL INFORMATION ABOUT THE INSTITUTE**

Name of Institution .....

Postal Address .....

City/Place.....Block/Tehsil.....

District.....Pin Code.....State.....

Phone No. with STD Code ..... Mobile No.....

Email.....

Name of the Principal/Head of Institution

Qualifications of the Principal

Administrative Experience (in Years): Teaching Experience (in Years):

Location of School ( Rural /Urban/Semi-urban/Slums)

S.No.	Places	Name	Distance in km.
1.	Nearest Railway Station		
2.	Nearest Police Station		
3.	Nearest Nationalized Bank		

Up to what level is the Institution / school imparting education?

Middle Secondary Sr. Secondary

Is the Applying Institution / school only for boys / girls or Co-educational?

.....

**Medium of instruction in the applying Institution / school:**

English/Hindi write down the name:.....

**Details of Processing/Endorsement Fee for Resource Centre of Rs. .... /- (non refundable or adjustable in any circumstance) to be paid cash/Bank Drafts in the name of Uttar Pradesh State Open School Board payable at Prayagraj.**

(a) *Bank Draft for Resource Centre of Rs.....*

*Bank Draft No..... Date.....*

Name of the Bank.....

(b) *Bank Draft for Regional Resource Centre of Rs..... (non refundable or adjustable in any circumstance)*

*Bank Draft No..... Date.....*

Name of the Bank.....

(b) *Bank Draft for State Resource Centre of Rs ..... (non refundable or adjustable in any circumstance)*

*Bank Draft No..... Date.....*

Name of the Bank.....

Has the Institution ever applied to UPSOSB for endorsement anytime before? YES/NO

If YES, please furnish the following:

a. Year and date of applying ..... b. Consideration no. ....

**B. INFORMATION ABOUT THE SOCIETY/TRUST/FIRM/PVT. LTD. RUNNING THE a**  
**Name and address of Trust/ Society**

.....

.....

**Is the Trust/ Society Registered? YES/NO**

**If yes, under which Act ?.....**

**Year of Registration .....Registration No. ....**

(Certified copy of the Certificate of Registration and Memorandum of the Society is to be enclosed.)

**Period up to which Registration of Trust/ Society/Firm/Pvt. Ltd. is valid.....**

**Whether the Trust/Society/Management is of non-proprietary character YES/NO**

(List of members with their addresses stating how the members are related to each other to be enclosed.)

**Name & official address of the Manager/President/Chairman of the School**

**Name:**.....

**Designation:**.....

**Address:** .....

.....

**Phone No. with STD Code:** .....

**Is there a Resolution of the management to run UPSOSB. YES/NO**

**C). RECOGNITION AND AFFILIATION STATUS**

**Is the School Affiliated with any Recognized Board?**

**If YES, please mention the following:** (Certified Copy of the affiliation letter to be enclosed.)

a). Name of the Board with which affiliated:

.....

b). Affiliation No..... c).Year of affiliation : .....

d). Is the affiliation permanent or temporary? .....

e). If the affiliation is temporary, up to what period?.....

**State if there is any conditions for affiliation?**

.....

.....

**D). INFRASTRCTURAL & ACADEMIC FACILITIES**

**Is the Institution / school located in a rented building or own building?.....**

**Physical Size** (Land documents to be enclosed.)

a). Area of school Campus..... (in Acres.) .....(in sq. mtrs.)

b). Built up Area in (in sq. mtrs.) .....

## Infrastructure Details

a). **Rooms, Library and Laboratories** (Lay out plan of the school to be enclosed.)

S. No.	Item	Number of rooms	Size in square feet Length x breadth	Area in square feet
1.	Class Rooms (minimum 300sq.ft each)			
2.	Composite Science Lab			
3.	Physics Lab			
4.	Chemistry Lab			
5.	Biology Lab			
6.	Maths Room			
7.	Computer Science Lab			
8.	Home Science Lab			
9.	Library			
10.	Other Rooms/Hall			
11.	Special Needs Workshops (for SAIED)			

**Teaching Staff** (List of staff indicating qualifications, subject(s) taught & experience etc. to be enclosed.)

S. No	Staff	No. of Permanent Teachers	No. of part time teachers	Total
1.	PRTs (Primary teachers)			
2.	TGTs (Trained Graduate Teachers)			
3.	PGTs (Post Graduate Teachers/ Lecturers)			
5.	Librarian			
6.	Vice Principal/Head Master/ Head Mistress			

**Administrative support staff** (List indicating qualification experience, salary to be enclosed. Enclosure-VIII)

S. No	Staff	Permanent	Not Permanent	Total
1.	Clerks			
2.	Lab Attendants			
3.	Accountant			
4.	Peons			

**Other Facilities**

- a) Facility of Toilets  Available for Boys  Available for Girls  Not available
- b) Facility of Drinking Water  Available  Not available
- a) Is there a Certificate about health and sanitary conditions, drinking water and fire safety of the school, obtained from the competent authorities of the area.  
YES/NO
- b) If yes please attach copy of same

**Library Facilities**

- a). Total No of Books \_\_\_\_\_ b). No. of Magazine \_\_\_\_\_
- c). No. of Dailies (newspapers) \_\_\_\_\_

**Other Facilities available in the school**

- Sports & Game  Dance Room  Gymnasium  Music Room
- Hostel  Health and Medical Check up

**Is there electricity in the school?**

YES/ NO

**Audio-Video facilities available in the school**

- LED  Projector  Audio Facility  Audio Recorder
- Computer/Laptop

**Whether ventilation and lighting is enough in the classrooms and laboratories?**

YES/NO

**E. SUITABILITY FOR CONDUCTING PUBLIC EXAMINATION**

**Is the Institution / school fit for conducting public examinations?**

YES/NO

**If so, specify the following details**

Availability of sufficient furniture ..... b). Availability of security arrangements.....

Availability of invigilators..... d). Existence of boundary wall with gate .....

Does the applying Institution / school receive any grant from the Govt. of India /State Govt./Union Territory or any other source? YES /NO

Whether accounts are audited by CA/Govt. Auditors? .....

If so, please provide detailed information of the nature of grant and the granting agency

.....  
 .....

**G. OTHER RELEVANT INFORMATION**

What are the working hours of the Applying Institution / school?.....

Will the laboratories, library and other facilities be available to the UPSOSB learners as and when required?.....

When does the Applying Institution / school propose to hold UPSOSB contact classes?.....

**Enrollment of the Students**

S.No	Class	No. of Boys		No. of girls		Total
		Normal	Disabled	Normal	Disabled	
1.	IX					
2.	X					
3.	XI					
4.	XII					

Express in a few lines - Why does the applying Institution/school want to be associated with UPSOSB ?

.....  
 .....  
 .....

**DECLARATION**

This to certify that all the above information furnished regarding the Institution/ School is correct and authentic to the best of my knowledge.

Date: .....

.....  
 (Signature of the Principal/Head)

Place .....

.....  
 (Name with Rubber stamp)

**CERTIFICATE OF ENDORSEMENT**

**(by President/Chairman/Manager of the Institution/ Society/ Organisation)**

In support of the application, I certify that, having read the Norms and Procedure for endorsement of institutions, I undertake to ensure that the Institution will abide by the Rules and Regulations and terms and conditions, as are made applicable to the Accredited Institutions, from time to time. I further affirm that endorsement, if granted to the Institution, will not be used for commercial purpose, rather will be used to serve the needs of the UPSOSB students. I shall do what is in my power to ensure the smooth and proper functioning of the Institution.

.....  
(Signature of the President/Chairman/Manager of the applying institution /society/)

.....  
(Name of the President/ Chairman/Manager with Rubber Stamp)

Dated: .....

**NOTE:** Govt. Schools / KVs / NVs while applying to UPSOSB for endorsement must forward their application through the Head of their respective Zones/ Regional Office.



### CHECK LIST FOR ENCLOSURES

*(Duly attested copies are to be attached by an applicant institution)*

S. No.	Particulars of the Document	Whether enclosed or not please tick	Remarks
1.	Processing/Endorsement fee of Rs ...../- (.....) in the form of Cash/Bank Draft - drawn in favour of Uttar Pradesh State Open School Board, Payable at Prayagraj		
2.	Copy of the Certificate of Registration		
3.	Copy of the Memorandum of Association and Rules and Regulations.		
4.	List of members of the Governing Body of the Society with their occupations and addresses.		
5.	Resolution of the Management for taking up Open Schooling courses.		
6.	Copy of the letter of affiliation from a recognized board		
7.	Copy of Audited Statement of income and expenditure of the Society for the past three years.		
8.	List of teachers indicating their qualifications, designations, experience, length of service in the institution		
9.	Four photographs of the laboratories and the building of the Institution		
10.	Documents of Land of the school (lease /ownership)		
11.	Layout plan of the building of the school		
12.	Copy of recognition/approval from Rehabilitation Council of India, if applicable.		
13.	List of special teachers/instructors (if applicable) available in the applying institution with their qualification, designation and experience.		

**NOTE:** All the above-cited documents must be submitted along with the application otherwise the application may not be considered.