

AFFILIATION FORM



TO
THE CHAIRMAN
ALL INDIA SWAMI VIVEKANANDA MISSION
BAGNAN, HOWRAH, WEST BENGAL PIN – 711303 SUB

SIR ,
MOST HUMBLBY , I , HEREBY
INFORM YOU THAT I **HAVE / WANT TO OPEN** A CENTRE / BRANCH / SCHOOL OF.....
.....AND I WANT MY CENTRE / BRANCH / SCHOOL TO BE
AFFILIATED TO THE BOARD OF CULTURAL EDUCATION / COMPUTER EDUCATION / ALL OTHER
VOCATIONAL EDUCATIONS OF ALL INDIA SWAMI VIVEKANANDA MISSION ,BAGNAN,
HOWRAH, WEST BENGAL.PARTICULARS ABOUT ME AND THE CENTRE / BRANCH / SCHOOL ARE
GIVEN BELOW FOR YOUR YOUR KIND PERUSAL :

NAME (IN BLOCK LETTERS)

FATHER'S NAME

ADDRESS: P.O. P.S.

PIN CONTACT NO. EMAIL ID

EDUCATIONAL QUALIFICATION

OTHER QUALIFICATION.....

NAME OF THE CENTRE / SCHOOL TO BE AFFILIATED.....

FULL ADDRESS OF THE CENTRE / SCHOOL

I MUST ABIDE BY ALL THE RULES AND REGULATIONS OF THE BOARD. OTHERWISE, YOU MAY
CANCEL MY AFFILIATION . I ATTACHED HERewith ONE COPY PASSPORT-SIZE PHOTO , AND
XEROX COPIES OF AADHAAR CARD , AND ALL EDUCATIONAL CERTIFICATES.

I HOPE THAT YOU WOULD BE KIND TO ME AND GRANT MY PRAYER .

DATE :
PLACE:

YOURS FAITHFULLY,