From			
To The Secretary / Director			
Subject: Affiliation of institution for the year			
Sir,			
It is requested that the affiliation of our institution for Albirr Primary classes for the year			
given in the enclosed proforma.			
Yours faithfully			
Diaco			
Place : Signature Date :			
Name in full			

Annexure-I

AFFIDAVIT

l			the principal/	
hea	nd of the institution / secretary being authorized b	y the school management	committee named	
		which i	s registered under	
	h Dogistration No			
	h Registration Noand affiliate			
		.with affiliation No		
to f	file this affidavit on behalf of this school / institu	ution do hereby solemnly a	affirm and state as	
foll	ows:			
1)	That I am the authorized person to file this affidav	rit		
2)	That this school will fulfill all the requirements as per the norms and regulations of Albirr fobeing eligible to get affiliation.			
3)	That the information furnished in respect of the institution is correct to the best of me knowledge and belief, In case, any part of the statement be found false, board of Albirr cancel the affiliation already granted to the institution without serving any notice. and we als undertake to abide by norms and regulation of affiliation from time to time.			
			Signature	
Dat	e: Office seal	Head of the Inst	titution / Secretary	