केन्द्रीय मुक्त विद्यालयी शिक्षा एवं परीक्षा बोर्ड

CENTRAL BOARD OF OPEN SCHOOLING AND EXAMINATION

सम्पर्क सूत्र : +91-9557361231 वेबसाइट : www.cbose.com

ARC APPLICATION FORM

TO BE FILLED BY CBOSE REGIONAL OFFICE

Application No. _____ **Form Receiving Date :** _____

ARC Name : _____

Parent Body of the ARC _____

Address _____

_____ Distt. _____

State _____ Pin Code _____ Country _____

Authorised Represented Mobile No. _____

Authorised Represented E-mail : _____

ARC Contact No.: _____ ARC E-mail : _____

PART - I

TO BE FILLED BY APPLICANT

Name (In Full and Capital Letters) Sri/Km./Smt.

Father's/Husband's Name (In Full) Smt.

Date of Birth : D D M M Y Y Y Y

Sex : Male ☐ Female ☐

Present Address :

Permanent Address :

Mobile No.																		
Pin Code :																		

Paste Institution Authorised Signatory Recent Passport size Color Photo.

Applicant Signature

(Name in Full)

PART - II

THIS PART IS TO BE FILLED UP BY THE ADMISSION REFERRAL CENTER AND TO BE PRODUCED BEFORE THE AFFILIATION DEPARTMENT CENTRAL BOARD OF OPEN SCHOOLING OF EXAMINATION ALONG WITH ALL SUPPORTING DOCUMENTS AND CERTIFICATES IN ORIGINAL.

GENERAL INFORMATION

1 Name of the Admission Referral Center : _____

2 Address of the Admission Referral Center : _____

3 Name of Trust/Society/Company under Section-8 running the Admission Referral Center : _____

_____

4 Address of Trust/Society/Company under Section-8 Running the Admission Referral Center : _____

_____

5 Is the Trust/Society/Company duly registered with the competent registering authority and the registration is valid as on date? _____

6 Location of ARC : _____

7 Is the Admission Referral Center already affiliated to any Board/Council/Others? _____

_____

8 NGO Darpan Unique ID No. _____

9 Nearest Landmark : _____

10 Email _____

11 Website (if Available) _____

12 Mobile No. _____ Alternate No _____

13 Name of the In-charge ARC _____

14 Mobile No. _____

15 Qualification _____

16 Pan No. of Trust/Society/Company under Section-8 Running the Admission Referral Center : _____

17 Referred By (Name/Institution/Code) _____

INSTITUTIONAL BANK AND FINANCIAL DETAILS

1 Name of Bank : _____

2 Branch & Address : _____

3 Account Holder Name : _____

4 Account Number : _____

5 IFSC Code : _____

6 Mode of Fee Collection: ☐ Online ☐ Offline ☐ Both

7 Annual Turnover (Approx.) ₹ _____

8 Source of Institutional Funding: ☐ Fees ☐ Donations ☐ Grants ☐ Self-Financed

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Declaration by ARC

I, the undersigned, am the Director & Head of the .....

having its office situated at.....

P.O. ..... P.S. ..... Dist. .....

State ..... Pin Code..... E-mail.....

Telephone/Mobile .....

I hereby declare and affirm as follows:

1. **Responsibility and Legal Liability**
   I am fully legally liable for all academic, administrative, financial and ethical responsibilities of my Admission Referral Center affiliated with the Central Board of Open Schooling and Examination (CBOSE). I undertake to conduct all activities in accordance with the rules, regulations, and directions issued by the Board from time to time.
2. **Nature of Courses and Recognition**
   I am fully aware that the CBOSE offers **autonomous open schooling and examination programmes** designed primarily for self-knowledge, self-development, self-employment and community empowerment. The Board does not provide or guarantee admission into other institutions, nor does it assure any kind of employment merely on the strength of its certificates. The liberty and right to accept or reject any admission or recognition of certificates lies solely with the concerned University/State Government/Central Government or other competent authority.
3. **Confidentiality and Distribution of Documents**
   I accept full responsibility for the safe custody and timely distribution of all admission forms, registration records, examination documents, marksheets, certificates, and other materials provided by the Board or collected from students. These shall be maintained with utmost confidentiality and integrity.

4. **No Misrepresentation to Students**
   I will not give any false assurance, misrepresentation, or guarantee to any student or parent regarding admission into other institutions or securing employment based on CBOSE certificates. I acknowledge that the primary purpose of the Board is to promote self-education, lifelong learning, knowledge enhancement, and empowerment through open schooling.
5. **Dispute Resolution**
   In case of any dispute between my Institution and the Board, the same shall be resolved through arbitration as per the provisions of the Arbitration and Conciliation Act, 1996. The decision of the arbitrator appointed by CBOSE shall be final and binding on all parties. Direct legal proceedings in courts shall not be permissible without exhausting the arbitration mechanism.
6. **Compliance with Rules and Regulations**
   I hereby agree to strictly follow the rules, regulations, policies, and directions of the Board as currently in force and those which may be notified in the future. In case of any violation, malpractice, or misconduct by my Institution against the ethics, objectives, or policies of the Board, CBOSE shall have the full authority to cancel the affiliation/authorization and to take appropriate action. I further agree to bear liability for all expenses or claims arising out of such violations.
7. To adhere to 90 days cycle for completion of site visit.
8. I undertake that no other institution is being run in the same premises where the ARC is proposed to be established.
9. Undertake that no information or document submitted by the applicant is false and if found otherwise CBOSE will be empowered to reject my application without any notice besides taking appropriate legal action against the applicant including blacklisting the applicant/society.
10. Agree to meet the criteria for visit and revisit as per CBOSE portal.

Declaration

I, ... (Name), Director/Head of ..... (ARC), have read, understood, and accepted the above terms, hereby solemnly declare that I shall abide by them fully and without reservation.

Date:

Place: .....

Signature & Seal of Director/Head of ARC

Verification

I, the deponent above named, do hereby verify that the contents of the foregoing declaration are true and correct to the best of my knowledge and belief; no part of it is false, and nothing material has been concealed there from. Verified at _____ on this __ day of _____, 20.

Signature of the Deponent / Authorized Representative:

_____

Name : _____

Designation : _____

Date : _____

Place : _____ Official Seal of ARC