



BOARD OF OPEN SCHOOLING & SKILL EDUCATION

Established by Government of Sikkim

Information for Grant of Accreditation

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.

<p>Application for Fresh Accreditation/Up gradation</p> <p>a). Level: Secondary/Sr. Secondary b). Gender: Boys/Girls/ Both c). Medium: Hindi / English</p>	<p>For Office Use only</p> <p>Consideration No:</p> <p>Processing Fee:</p>
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A. GENERAL INFORMATION ABOUT THE INSTITUTE

1	Name of Institution			
2	Registered Office	District	State	Pin Code
3	Phone No.		Mobile No.	
4	Fax No.		E mail Id	
5	Name of the Principal of Institution			
6	Qualifications of the Principal	Administrative Experience (in Years)		Teaching Experience (in Years)
7	Location of School		(Rural /Urban/ Semi-urban/ Slums)	

S. No.	Places	Name	Distance in km.					
a	Nearest Railway Station							
b	Nearest Police Station							
c	Nearest Nationalized Bank							
8	Up to what level is the Institution / school imparting education? (Please Tick)							
	Middle		Secondary		Sr. Secondary			
9	Is the Applying Institution / school only for boys / girls or Co-educational							
10	Medium of instruction in the applying Institution / school (Please Tick)							
	English		Telugu					
	Hindi		Marathi					
	Urdu		Gujarati					
11	Any other medium of instruction in the applying Institution / School							
12	Has the Institution ever applied to BOSSE for accreditation any time before							
	Yes		No					
13	If YES, please furnish the following							
A	Year and date of applying							
B	Consideration no							

B. INFORMATION ABOUT THE SOCIETY/TRUST RUNNING THE SCHOOL

14	Name and address of Trust/ Society							
15	Is the Trust/ Society Registered							
	Yes		No					
16	If yes, under which Act							
17	Year of Registration				Registration No			
(Certified copy of the Certificate of Registration and Memorandum of the Society is to be enclosed. Enclosure -I)								
18	Period up to which Registration of Trust/ Society is valid							
19	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. Enclosure-II)								
20	Name & official address of the Manager/President/Chairman of the School							
	Name							
	Designation							
	Address							
	Phone No.							
21	Is there a Resolution of the management to run BOSSE scheme in the institution (Enclosure-III)							
	Yes		No					

C. RECOGNITION AND AFFILIATION STATUS

22	Is the School Affiliated with any Recognized Board?	
23	If YES, please mention the following: (Certified Copy of the affiliation letter to be enclosed. Enclosure- IV)	
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?	
24	State if there is any conditions for affiliation?	

D. INFRASTRUCTURAL & ACADEMIC FACILITIES

25	Is the Institution / school located in a rented building or own building?			
26	Physical Size (Land documents to be enclosed. Enclosure-V)			
a	Area of school Campus	(in Acres.)	(in sq. Mtrs.)	
b	Built up Area in (in sq. Mtrs.)			
27	Infrastructure Details			
a	Rooms, Library and Laboratories (Lay out plan of the school to be enclosed. Enclosure-VI)			
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 Lab			
7	Computer Science Lab			
8	Home Science Lab			
9	Library			
10	Other Rooms/Hall			
11	Special Needs Workshops (for saied)			
28	Teaching Staff (List of staff indicating qualifications, subject(s) taught & experience etc. to be enclosed. Enclosure - VII)			
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)			
4	Librarian			
5	Vice Principal/Head Master/ Head Mistress			

29	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							
30	Other Facilities							
a)	Facility of Toilets		Available for Boys		Available for Girls		Not available	
b)	Facility of Drinking Water		Available		Not available			
c)	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			
d)	If yes please attach copy of same							
31	Library Facilities							
a)	Total No of Books							
b)	No. of Magazine							
c)	No. of Dailies (newspapers)							
32	Other Facilities available in the school							
	Sports & Game		Dance Room		Gymnasium			
	Music Room		Hostel		Health and Medical Check up			
33	Is there electricity in the school?							
	YES				NO			
34	Audio-Video facilities available in the school							
	Television		VCR/VCP		Audio Cassettes			
	Tape Recorder		Multimedia Computer (desirable)					
35	Whether ventilation and lighting is enough in the classrooms and laboratories?							
	YES		NO					

E. SUITABILITY FOR CONDUCTING PUBLIC EXAMINATION

36	Is the Institution / school fit for conducting public examinations?	YES		NO	
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37	If so, specify the following details	
a	Availability of sufficient furniture	
b	Availability of security arrangements	
c	Availability of invigilators	
d	Existence of boundary wall with gate	

F. FINANCIAL STATUS OF THE INSTITUTION

38	Details of Income and Expenditure (Audited reports of last 3 years to be enclosed. Enclosure- IX)				
S.No.	Year	Income (in Rs.)	Expenditure (in Rs.)	Sources of Income	
39	Does the applying Institution / school receive any grant from the Govt. of India /State Govt./Union Territory or any other source?		YES		NO
40	Whether accounts are audited by CA/Govt. Auditors?				
41	If so, please provide detailed information of the nature of grant and the granting agency				

G. OTHER RELEVANT INFORMATION

42	What are the working hours of the Applying Institution / school?					
43	Will the laboratories, library and other facilities be available to the BOSSE learners as and when required?					
44	When does the Applying Institution / school propose to hold BOSSE contact classes?					
45	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					
46	Express in a few lines - Why does the applying Institution/school want to be associated with Board of Open Schooling and Skill Education?					

Part II

(Applicable to Special Needs schools only which are catering to the educational needs of the differently able and marginalized community)

47	Which category of learners with special needs is being dealt by the institution?				
48	Is the applying institution recognized by Rehabilitation Council of India? (For SAIEDs)	YES		NO	
49	If YES, please furnish the following: -				
a.	Registration number				
b.	Year of Registration				
c.	Year up to which Registration is valid				
50	Total number of learners enrolled in the institution in last two year in the following categories:				
a.	Differently able				
S. No.	Name of the Disability	No. of the learners During last two years	Total		
1	Orthopedically disabled				
2	Hearing impaired				
3	Visually impaired				
4	Learning disabled				
5	Mentally challenged				
6	Multiple disabilities				
7	Spastics				
8	Any other(Please specify)				
	Total				
A.	Marginalised Community				
S. No.	Name of the Disability	No. of the learners During last two years	Total		
1	Street children/Beggars				
2	Working adults				
3	Rural women				
4	Children from an orphanage/ Orphanaged and Poor Children				
5	Riot victims				
6	Prisoners				
7	Prostitution Families				
8	Any other (Please specify)				
	Total				
51	Total number of special needs workshops/Learning Resource Centres available in the institution? (Please specify)				

52	Total number of special teachers/instructors available in the applying institution/school?	
53	Would the applying institution enroll normal learners along with special needs learners for the purpose of inclusive education?	

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/Headmaster)

Place

(Name with Rubber stamp)

CERTIFICATE OF ENDORSEMENT

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

In support of the application, I _____ as _____ certify that, having read the Norms and Procedure for accreditation 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 accreditation, if granted to the Institution, will not be used for commercial purpose, rather will be used to serve the needs of the Board of Open Schooling and Skill Education 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/)

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Dated:

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

NOTE: The Govt. Schools / KVs / NVs while applying to BOSSE for accreditation 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.	Copy of the Certificate of Registration of the Society		
2.	Copy of the Memorandum of Association and Rules and Regulations.		
3.	List of members of the Governing Body of the Society with their occupations and addresses.		
4.	Resolution of the Management for taking up Open Schooling courses.		
5.	Copy of the letter of affiliation from a recognized board		
6.	List of teachers indicating their qualifications, designations, experience, length of service in the institution		
7.	Four photographs of the laboratories and the building of the Institution		
8.	Layout plan of the building of the school		

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