Intermediate Council of Secondary Education



Website: Www.icsedelhi.in • E-mail: Verify@icsedelhi.in

AFFIDAVIT		
IS / D /of		
VillageTehsil		
DisttPin code		
TelephoneMobile		
Declare as under:		
1. I am Director / Principal / Head of the		
(Name and complete address of the institute/school/college)		
Pin codephonemobile		
2. I wants affiliation from INTERMEDIATE COUNCIL OF SECONDARY EDUCATION, for my institute /school/ college to run the board's education & training proggramme and I am well aware and fully satisfied about the courses and the status of the council and I know that all the courses run by the council are autonomous programme and for knowledge and wisdom and for self education only.		
3. I am fully and legally authorized for all responsibilities and liabilities of my institute / school /college / academy with the council.		
4. I will not give any guarantee or promise to any student to give or get any admission and job.		

- 5. All admission / examination documents collected from the council / students will be kept safely / confidentially by me and it is my responsibility for its timely distribution in the center or sent to the council.
- 6. I shall abide and obtain to present rule and regulations and directions of the council and those which are to be enforced time to time.
- 7. If I / my institute / school /academy have any dispute with the council it will be resolved through the committee appointed by the INTERMEDIATE COUNCIL OF SECONDARY EDUCATION, under Indian Arbitration Act 1940. The decision of the arbitrator shall be final and binding on all parties, direct court will not be permissible.
- 8. I have read and understood and accept the rules and regulations of the council and agree to abide by them .If I stuck any rules and regulations of the council, the council will free / authorized to cancel the affiliation / contract and I will liable to all expenses of the council and students.

	Signature of the Deponen
Date:	Name