

PART-B

(This part is to be filled-up by the Competent Authority of the School after verifying all supporting documents and certificates in original and **visiting the school**)

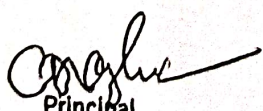
File No..... Date of Issuance.....

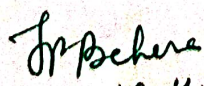
- | | | |
|---|---|--|
| 1 | This is to certify that the information above, provided by the school has been verified on the basis of all supporting documents & certificates and visit to the school and the information has been found correct. | |
| 2 | Is the school recommended for affiliation?
(Please ensure that the school fulfils land requirements also as per details given in Appendix-A along with point nos. 1-26) | YES/NO |
| 3 | Recommended for Secondary/Senior Secondary to CBSE? | Secondary
intermediate level |

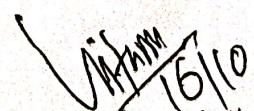
To be forwarded by:

Deputy Commissioner KVS/
Dy. Director NVS /
D.P.I /
Directorate of Education/
E. O. Concerned /
Concerned Department
Competent Authority

Name: DR. GITANSU MOHAN DASH
Designation: DISTRICT WELFARE OFFICE
SAMBALPUR
State: **ODISHA**
Signature: **Vishnu** 16/10
Stamp: District Welfare Officer
SAMBALPUR
Place: **SAMBALPUR**
Date: **16/10/2020**


Principal
Ekalavya Model Residential School
Kuchinda, Sambalpur
(Signature of Principal)


19.4.2025


(Signature of Competent Authority)
District Welfare Officer
SAMBALPUR