APPENDIX-II-GOVT.

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 Intention 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/~~UT~~: ODISHA

Signature: 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

16/10
(Signature of Competent Authority)
District Welfare Officer