

**FORMAT OF CERTIFICATE TO BE ISSUED BY THE DISTRICT EDUCATION OFFICER IN RESPECT OF SCHOOLS  
ALREADY AFFILIATED WITH THE BOARD AND SEEKING EXTENSION/UPGRADATION OF AFFILIATION WITH  
THE CENTRAL BOARD OF SECONDARY EDUCATION**


(In accordance with **School Safety Policy, 2016** issued by the NDMA, **Manual on Safety and Security of  
Children in Schools** developed by NCPDR and the **National Building Code**)

**PART-A**

(This part is to be filled-up by the school and to be produced before the District Education Officer along with  
all supporting documents and certificates in original)

**GENERAL INFORMATION**

1	Affiliation Number allotted by CBSE to the school:	2130332
2	Name of the School as per affiliation letter of CBSE:	LAXMI PUBLIC SCHOOL
3	Address of the School:	RAILASHPURI, MUGHALSA RAI, CHANDAULI-232101
4	Standard/level/class up to which the school is running:	FROM CLASS 1 TO 12 CLASS
5	Is the name and address of school in CBSE affiliation letter and State NOC/Recognition/U-DISE same exactly the same	YES/NO
6	U-DISE code allotted to the school:	09661001405
7	Name and address of the Trust/Society/ Company (under section-8) running the School as on date	LAXMI SHIKSHAN SANSTHAN
8	Is the Trust/Society/ Company duly registered with the competent registering authority and the registration is valid as on date?	YES/NO
9	Purpose of present application:	<u>Extension/</u> Upgradation
10	Location of school	<ul style="list-style-type: none"> <li>• In the municipal limits of metropolitan city</li> <li>• <input checked="" type="checkbox"/> In the municipal limits of city having population more than 15 Lakhs</li> <li>• In the hill areas (as per planning commission norms)</li> <li>• In the municipal limits of capital city of a state</li> <li>• In the municipal limits of class-x cities</li> <li>• On an island</li> <li>• In the municipal limits of a hill station</li> <li>• In the municipal limits of city having</li> </ul>

  
(Signature of Principal)

(Signature of D.E.O.)

**APPENDIX-III**

		population less than 15 Lakhs • Outside the municipal limits of any town/city.
10	Has the school obtained Recognition Certificate from the State Government from class-1 to 8 <sup>th</sup> ?	YES/NO <input checked="" type="checkbox"/> YES <input checked="" type="checkbox"/> NO
11	Number of Recognition Certificate from class-1 to 8 <sup>th</sup> and date of issue:	
12	Is the School affiliated to any other board besides CBSE for Class-X or XII examinations?	YES/NO <input checked="" type="checkbox"/> YES <input checked="" type="checkbox"/> NO (If yes name of the Board) (Also mention whether the school is affiliated for Class-X or XII)
<b>INFORMATION REGARDING LAND DETAILS AND OWNERSHIP</b>		
13	Is the school situated on a single contiguous plot of land bounded on all sides by a Pucca Boundary Wall?	YES/NO <input checked="" type="checkbox"/> YES <input type="checkbox"/> NO
14	Are both the School and the Play Ground situated in a single compound bounded by a single continuous Boundary Wall on all sides?	YES/NO <input checked="" type="checkbox"/> YES <input type="checkbox"/> NO
15	Total area (in square meters) in respect of 13 and 14 above on which the school is situated:	AREA IN SQ.M.
16	The land is in the possession of the school/ Trust/Society/Company legally by way of:	Sale deed/Lease deed/Gift Deed/Allotment etc. <input checked="" type="checkbox"/>
17	Name of the Owner/Lessee of the land in respect of point-16 above:	
18	In case the land is in the possession of the society/school by way of lease as per State Government norms, the period of the lease:	FROM TO TOTAL YEARS
19	Is any public road, canal or thorough-fare, HT line etc. passing through the land in respect of point-15 above?	YES/NO <input checked="" type="checkbox"/> YES If yes the details
<b>INFORMATION REGARDING ESSENTIAL SAFETY REQUIREMENTS</b>		
20	Has the school been inspected by the Government engineer and the school building been found structurally safe for running a school?	YES/NO <input checked="" type="checkbox"/> YES <input type="checkbox"/> NO
20(a)	If yes the date of last inspection:	
21	Has the school been inspected by the officer of Government Fire Department and the school building been declared safe for school from the point of view of fire safety?	YES/NO
21(a)	If yes the date of last inspection:	
22	Has the school compound been checked by the public health department and the health and sanitary conditions been found to be satisfactory and the water has been found safe for drinking?	YES/NO <input checked="" type="checkbox"/> YES <input type="checkbox"/> NO

*APV*  
(Signature of Principal)

(Signature of D.E.O.)

22(a)	If yes the date of last inspection:	
<b>INFORMATION REGARDING THE STAFF</b>		
23	Does the school have well defined service rules and conditions for its employees as per prevalent norms of appropriate Government?	YES/NO ✓
24	Is the school paying salary to the teachers and other employees as per the norms of the appropriate Government?	YES/NO ✓
25	Is the salary to the teachers and other employees of the school being paid through the bank by mode of electronic clearing? (Payment by cheque or cash to the individuals is not allowed)	YES/NO ✓
26	Is the school paying EPF to the teachers and other employees as per the norms of the appropriate Government?	YES/NO ✓
Sanjay Kumar Yadav प्रबन्धक लक्ष्मी पब्लिक स्कूल कैलाशपुरी, मुगलसराय चन्दौली (उ.प्र.)		Signature with Stamp Principal LAXMI PUBLIC SCHOOL KAILASHPURI, MUGHALSARAI DISTT.- CHANDAULI
<b>PART-B</b>		
(This part is to be filled-up by the District Education Officer after verifying all supporting documents and certificates in original and visiting the school)		
File No.....1402.....		Date of Issuance...28/05/2022.....
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 visiting the school and the information has been found correct.	
2	Is the school recommended for extension/upgradation of affiliation?	YES/NO extension/upgradation ✓
		Signature (Name and Stamp of Issuing DEO) DISTRICT EDUCATION OFFICER/NAME OF DISTRICT

(Signature of Principal)

(Signature of D.E.O.)