

Office Memorandum No.

Date:

**Education Block Office, Sausar**

(Name &amp; Address of State Education Department)

From:  
**Education Block Office**  
**Sausar**  
(Name and Address of issuing department)

To  
**Subhash Montessori Public School**  
**Jam Sausar**  
(Name & Address of school)

Sir/Madam,

Sub: Issue of No Objection Certificate to **Subhash Montessori Public School, Nagpur Road, Jam, Sausar Dist. Chhindwara (M.P.)** (Name & Address of school) for affiliation to the Central Board of Secondary Education—Regarding.

Ref:

In the reference **134227/24571** cited, **Subhash Montessori Public School Nagpur Road, Jam, Sausar Dist. Chhindwara (M.P.)** (Name & Address of school) Run by **Sausar Shikshan Avam Bal Vikas Samiti Nagpur Road, Jam, Sausar Dist. Chhindwara (M.P.)** (Name & Address of Trust/ Society / Company) (Registered in Sub Registrar Office, **Sausar**) is accorded "Certificate of Recognition" from the academic year **01/04/2022** to **31/03/2025** for Classes I to VIII Standard under section 18 of Right of Children to Free and Compulsory Education Act- 2009 and Rule **18** of **2010 low 11 sub low (4)** (State Act/ Rules).

## Details of School

1. Name : **Subhash Montessori Public School**
2. Survey No : **134227/24571**
3. Revenue Village / City: **Jam**
4. Taluk : **Sausar**
5. Total area of land: **2 Acre**
6. Recognition Code : **24571**

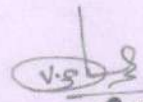
The Department **Education Block Office, Sausar** (Name & Address of State Education Department) has No Objection for the Correspondent of the

*Handwritten signature*  
सचिव  
सौसर शिक्षण एवं बाल विकास  
समिति सांसर



Subhash Montessori Public School (Name & Address of school) for applying for affiliation to Central Board of Secondary Education, subject to the conditions laid down in the Certificate of Recognition.

The School Management Shall be having full responsibility if any court case arise in this regard. The details furnished if any by the management is found to be false or incorrect at any stage, this No Objection Certificate is liable to be cancelled

Signature with Seal: 

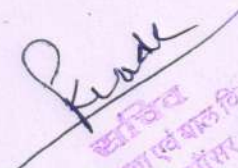
Name of issuing authority: विकास केंद्र शिक्षा अधिकारी  
सौरभ वि. सिन्हा

Designation: B.E.O.

Copy To:

1. The Correspondent Subhash Montessori Public School (Name & Address of school).
2. The Secretary, Central Board of Secondary Education, 2 Community Centre, Preet Vihar, Delhi 110092

\* The filled up certificate should be either in Hindi or English. If it is issued in vernacular language, translated notarized version in English be uploaded along with the original vernacular certificate as a single pdf.

  
सौरभ वि. सिन्हा  
सौरभ वि. सिन्हा  
सौरभ वि. सिन्हा