



Learning Initiatives for Financial Empowerment

SCHOOL APPLICATION FORM

To,

Secretary,

Goa Board of Secondary &
Higher Secondary Education (GBSHSE)
Alto Betim-Goa - 403521

Sub: Registration for State Financial Literacy program of NSE with GBSHSE

Dear Sir/ Madam,

We (Name of the School) Affiliated with Goa Board
of Secondary & Higher Secondary Education (GBSHSE) would like to register for the State Financial
Literacy program of NSE with GBSHSE.

Details of the School are as below

Name of the School: _____

Name of the Principal: _____

Address of the School: _____

Declaration: I hereby certify that all information furnished herein is true and correct. I undertake that I
have read all the rules and regulation given overleaf and as mentioned in the circular (.....) and I will
abide by them.

Date: / /

Stamp and Signature
(Principal of the School)