

## **BOARD OF SECONDARY EDUCATION, ODISHA**

BAJRAKBATI ROAD, CUTTACK – 753001

## APPLICATION FORM FOR ADMISSION INTO CORRESPONDENCE COURSE

FOR THE SESSION 20.....- 20.....

|  | FOR OFF  | ICE USE ONLY   | ]                 |                       | l                               |  |  |  |
|--|--|--|-------------------|-----------------------|---------------------------------|--|--|--|
| i.<br>ii.<br>iv.<br>v.<br>vi.<br>vi.<br>vii.<br>vii.<br>vii. | <b>(Enrollment No</b><br>Money Receipt/ Pay-in-Slip for R<br>Original S.L.C./T.C<br>Certified Photo Copy of S.L.C. /T.<br>Certified Photo Copy of Board's I<br>Six Passport size self attested ph<br>Enrollment form & examination<br>S.C./S.T. Certificate, (if any) :<br>Physically Handicapped certificat<br>Three self addressed Unstamped | THE CANDIDATE<br>SHOULD PASTE HIS/<br>HER RECENT PASSPORT<br>SIZE PHOTOGRAPH<br>SIGNED ON THE FRONT<br>SIDE<br>PHOTO SHALL NOT BE<br>STAPLED/ PINNED |                   |                       |                                 |  |  |  |
|  |  |  |                   |                       |                                 |  |  |  |
| A  | sst. in-Charge Section   | Officer  | Dy. Se            | ecretary              | Full Signature of the Candidate |  |  |  |
| 01.<br>02.   | Name (In Capital Letter)<br>Date of Birth as given in the S.L.C./ <sup>*</sup><br>(in words)   | Г.С. (in figures)  |                   |                       |                                 |  |  |  |
| 03.  | Sex : [Put a tick mark ( $\checkmark$ )  | F  | emale             | Others                |                                 |  |  |  |
|  | In the appropriate box]  |  |                   |                       |                                 |  |  |  |
| 04.  | Mother's Name (In Capital Letter) :  |  |                   |                       |                                 |  |  |  |
| 05.  | Father's Name (In Capital Letter) :  |  |                   |                       |                                 |  |  |  |
| 06.  | Category : [Put a tick mark (✔)  | General  | S.C.              | S.T.                  | OBC/SEBC                        |  |  |  |
|  | In the appropriate box]  |  |                   |                       |                                 |  |  |  |
|  |  | (Attach certif   | icate from compet | ent authority in case | of S.C./ S.T.)                  |  |  |  |
| 07.  | Whether a student of an institution  | Yes No   |                   |                       |                                 |  |  |  |
|  | If yes, then Name and Address of th  |  |                   |                       |                                 |  |  |  |
|  | (The SLC/TC must be countersigned by the competent authority of that Organisation)   |  |                   |                       |                                 |  |  |  |
| 08.  | Whether Physically Handicapped ?   |  |                   |                       |                                 |  |  |  |
|  | Put a tick mark ( $\checkmark$ ) in the appropria  |  |                   |                       |                                 |  |  |  |
| 09.  | Type of Physically Handicapped :   |  |                   |                       |                                 |  |  |  |
| 10.  | Helper Writer required   | Yes  |                   | No                    |                                 |  |  |  |

| 11. | Present Postal Address for Correspondence (In Capital Letter)<br>Name  |                          |                     |               |                                 |            |        |                 |     |  |  |  |
|-----|--|--------------------------|---------------------|---------------|---------------------------------|------------|--------|-----------------|-----|--|--|--|
|     | C/O, (if any)  |                          |                     |               |                                 |            |        |                 |     |  |  |  |
|     | Village  |                          |                     |               |                                 |            |        |                 |     |  |  |  |
|     | Block/ULB  | [                        | District            |               |                                 | Pin        |        |                 |     |  |  |  |
| 12. | Permanent Address  |                          |                     |               |                                 |            |        |                 |     |  |  |  |
|     | Village/Locality   |                          |                     |               |                                 |            |        |                 |     |  |  |  |
|     | Block/ ULB District  |                          |                     |               |                                 |            |        |                 |     |  |  |  |
|     | Pin code   |                          |                     |               |                                 |            |        |                 |     |  |  |  |
|     | N.B. : This address is very  |                          |                     | as enrollment | : will be                       | made on th | e basi | s of this addre | ss. |  |  |  |
| 13. | Mobile Number :  |                          | Parent's Mot        | oile No. :    |                                 |            |        |                 |     |  |  |  |
| 14. | Email Id : Parent's Email Id :   |                          |                     |               |                                 |            |        |                 |     |  |  |  |
|     | Whether appeared and fa  | iled at any previous H.S | S.C. Examination. ? |               | Yes No                          |            |        |                 |     |  |  |  |
|     | Put a tick ( $\checkmark$ ) in the appro   | priate box               |                     |               |                                 |            |        |                 |     |  |  |  |
|     | If yes, (a) Roll No  |                          | (b) Examinat        | ion with year |                                 |            |        |                 |     |  |  |  |
|     | [attach a Xerox copy of the  | e mark-sheet issued by   | the Board]          | -             |                                 |            |        |                 |     |  |  |  |
| 15. | Subject to be offered  |                          |                     |               |                                 |            |        |                 |     |  |  |  |
|     | IMPORTANT: In order to choose language subjects please fill up (i), (ii) & (iii) below, Read carefully instructions        |                          |                     |               |                                 |            |        |                 |     |  |  |  |
|     | downloading from the website.  |                          |                     |               |                                 |            |        |                 |     |  |  |  |
|     | (i) First Language (Choose any one of the following subjects by putting a tick ( $\checkmark$ ) in the appropriate box.)   |                          |                     |               |                                 |            |        |                 |     |  |  |  |
|     | Odia   | Alternative English      | Bengali             | Hindi         |                                 | Telugu     |        | Urdu            |     |  |  |  |
|     |  |                          |                     |               |                                 |            |        |                 |     |  |  |  |
|     | (ii) Second Language (Choose any one of the following subjects by putting a tick ( $\checkmark$ ) in the appropriate box.) |                          |                     |               |                                 |            |        |                 |     |  |  |  |
|     | English  | Hindi                    | SEP                 |               |                                 |            |        |                 |     |  |  |  |
|     |  |                          |                     |               |                                 |            |        |                 |     |  |  |  |
|     | (iii) Third Language (Choose any one of the following subjects by putting a tick ( $\checkmark$ ) in the appropriate box.) |                          |                     |               |                                 |            |        |                 |     |  |  |  |
|     |  |                          |                     |               | , ci                            |            |        | ,               |     |  |  |  |
|     | Hindi  | Odia                     | Sanskrit            | Persian       | 7                               | Visual A   | rts    |                 |     |  |  |  |
|     |  |                          |                     |               |                                 |            |        |                 |     |  |  |  |
| 16. | Particulars of Admission F   | ees deposited.           |                     |               |                                 |            |        |                 |     |  |  |  |
|     | a) Amount Rs(in words)   |                          |                     |               |                                 |            |        |                 |     |  |  |  |
|     | Rupees   |                          |                     |               |                                 |            |        |                 |     |  |  |  |
|     | b) Pay-in-slip/ Journal/ Money Receipt   |                          |                     |               |                                 |            |        |                 |     |  |  |  |
|     | NoDated  |                          |                     |               |                                 |            |        |                 |     |  |  |  |
|     | c) Name of the issuing Bank and Branch   |                          |                     |               |                                 |            |        |                 |     |  |  |  |
| 17. | Particulars of S.L.C./ T.C. submitted  |                          |                     |               |                                 |            |        |                 |     |  |  |  |
|     | a) S.L.C./T.C./NoDatedDated  |                          |                     |               |                                 |            |        |                 |     |  |  |  |
|     | b) Name of the School with address, who issued the S.L.C/T.C   |                          |                     |               |                                 |            |        |                 |     |  |  |  |
|     | Certified that the particulars given above are true to the best of my knowledge.   |                          |                     |               |                                 |            |        |                 |     |  |  |  |
|     | Countersigned  |                          |                     |               |                                 |            |        |                 |     |  |  |  |
|     | Headmaster/ Headmistress of any Recognised   |                          |                     |               | Full Signature of the Candidate |            |        |                 |     |  |  |  |
|     | High School/ Gazetted Officer of the locality  |                          |                     |               | date                            |            |        |                 |     |  |  |  |