



BOARD OF SECONDARY EDUCATION, ODISHA

BAJRAKBATI ROAD, CUTTACK – 753001

CORRESPONDENCE COURSE APPLICATION FORM FOR ADMISSION INTO ANNUAL/ SUPPLEMENTARY HIGH SCHOOL CERTIFICATE EXAMINATION, 20_____

Category of Candidates	
Regular	Ex-Regular

For Office Use Only			
Dist. Code	Location	Block/ULB	Centre Code

- (A) The application shall be filled up by the candidate in his/her own handwriting.
(B) Incomplete or wrongly filled in forms shall be summarily rejected.

01. Name of the Zonal Office				02. Enrolment Number (UIN) (In Capital Letters)									
03. Name of the Applicant (In Capital Letters)		Name Surname		04. Gender (Male/Female/Other)									
05. Mother's Name (In Capital Letters)		06. Roll Number (To be assigned by the Board)											
07. Father's Name (In Capital Letters)													
08. DATE OF BIRTH		(IN FIGURE)			-								
		(IN WORDS)											
09. CASTE (SC/ST/GEN/Others)						10. Nationality							
11. Script for Answering Non-Language papers		12. MOTHER TOUNGE		13. APPEARING CODE									
14. Address for Correspondence : AT :-		POST:-				Two attested photographs be stapped here							
VIA:-		DIST:-								PIN:-			
15. Parmanent Address : AT :-		POST:-											
VIA:-		DIST:-								PIN:-			
16. Subject of Examination (Subject Codes to be mentioned)		FL	SL	TL	MTH	GSC	SSC						
17. Previous Roll No. with Year													
18. FEES PAID FOR : Rs. _____		Receipt No./ pay-in-slip (SBI) No. _____ Dated _____ is enclosed.											

DECLARATION GIVEN BY THE CANDIDATE

I declare that the particulars furnished in this application form are true, I do hereby undertake to abide by the rules and regulations framed by the Board and accept any punishment to be imposed by the Board for suppression of any fact or any wrong information if detected any time before, during or after the examination.

Date.....

Signature of the Candidate