ମାଧ୍ୟମିକ ଶିକ୍ଷା ପରିଷଦ, ଓଡିଶା, କଟକ

ବିଜ୍ଞପ୍ତି ନଂ 1654 /(Exam Conf-I) / ତା 10.07.26 ଖ୍ରିଃ

ପତ୍ରମାଧ୍ୟମ ଶିକ୍ଷା ପାଠ୍ୟକ୍ରମ(Correspondence Course) ର

ନାମଲେଖା ବିଜ୍ଞାପନ

ମାଧ୍ୟମିକ ଶିକ୍ଷା ପରିଷଦ, ଓଡିଶା ଦ୍ୱାରା ପରିଚାଳିତ ପତ୍ରମାଧ୍ୟମ ଶିକ୍ଷା ପାଠ୍ୟକ୍ରମ, ୨୦୨୬ -୨୭ ଶିକ୍ଷାବର୍ଷରେ ନାମଲେଖାଇବା ପାଇଁ ଇଚ୍ଛୁକ ଛାତ୍ରଛାତ୍ରୀମାନେ ନିମ୍ନକାର୍ଯ୍ୟସୂଚୀ ଅନୁଯାୟୀ ଆବେଦନ କରିପାରିବେ।

୧. ନାମ ଲେଖାଇବା ଓ ପରୀକ୍ଷା ଦେବାପାଇଁ ଫର୍ମ, Pay-In-Slip ଏବଂ ନିର୍ଦ୍ଦେଶାବଳୀ ପରିଷଦର website (www.bseodisha.ac.in/www.bseodisha.nic.in) ରୁ download କରି ପରିଷଦର ଆଂଚଳିକ କାର୍ଯ୍ୟାଳୟ (କଟକ, ଭୁବନେଶ୍ୱର, ବ୍ରହ୍ମପୁର, ବାଲେଶ୍ୱର, ସମ୍ବଲପୁର ଓ ଜୟପୁର) ମାନଙ୍କରେ ଦାଖଲ କରିବାକୁ ହେବ।

୨. ଫର୍ମ ଦାଖଲ:-

	ତାରିଖ	ଦେୟ
କ)ବିନା ଜୋରିମାନାରେ	୨୦.୦୭.୨୦୨୬ ଠାରୁ ୩୧.୦୮.୨୦୨୬	ଟ.୩,୫୨୫/- ଙ୍କା
ଖ)ଟ.୫୦୦/- ଙ୍କା ଜୋରିମାନା ସହିତ	୦୧.୦୯.୨୦୨୬ଠାରୁ ୩୦.୦୯.୨୦୨୬	ଟ.୪,୦୨୫/- ଙ୍କା
ଗ)ଟ.୧,୦୦୦/- ଙ୍କା ଜୋରିମାନା ସହିତ	୦୧.୧୦.୨୦୨୬ଠାରୁ ୩୧.୧୦.୨୦୨୬	ଟ.୪,୫୨୫/- ଙ୍କା

୩. State Bank of India ର ଯେକୌଣସି ଶାଖାରେ Pay-in-Slip ଜିୟା ପରିଷଦର ଆଂଚଳିକ କାର୍ଯ୍ୟାଳୟରେ Cash Deposit ମାଧ୍ୟମରେ ଧାର୍ଯ୍ୟ କରାଯାଇଥିବା ସମୟସୀମା ମଧ୍ୟରେ ନିର୍ଦ୍ଧାରିତ ଫିସ୍ ଦାଖଲ କରାଯିବ।
ନାମଲେଖା ତାରିଖ କୌଣସି ପରିସ୍ଥିତିରେ ବର୍ଦ୍ଧିତ କରାଯିବ ନାହିଁ।

10.7.2026
ସମ୍ପାଦକ

Memo No. 1655(10) **/ (Exam Conf-I) Dt.** 10.07.26

1. The Deputy Secretaries of all Zonal Offices for information and necessary action.
2. The Finance Officer/ S.O., Accounts-II/ I.A. for information and necessary action.
3. Office Notice Board for wide publication.

1) Prameya 2) Sambad

10.07.2026
Secretary,
B.S.E. Odisha, Kataka

Memo No. 1656 **/ (Exam Conf-I) Dt.** 10.07.26

Copy forwarded to the Joint Director, I & PR Deptt., Odisha, Bhubaneswar for information and to take necessary steps for publication of this notification in Odia local dailies "The Prameya" and "The Sambad" on 14.07.2026 utilising space 12cm x 12cm inside page of the publication at the approved rate. It is requested to send a complimentary copy to the Finance Section, B.S.E, Odisha alongwith the bills in duplicate for pass & payment.

10.7.2026
Secretary,
B.S.E. Odisha, Kataka

BOARD OF SECONDARY EDUCATION, ODISHA, KATAKA

OFFICE ORDER

No 1657 **/(Exam Conf-I)/Dt.** 10.07.26

All the modalities of filling-up forms for taking admission into Correspondence Course under the Board for the academic session 2026-27 is as follows.

1. The datelines and fees for admission into Correspondence Course are as follows:

(A)

Date	Admission Fees	Exam. Fees	Fine	Total
20.07.2026 to 31.08.2026 (Without Fine)	Rs.3,105/-	Rs.420/-	Nil	Rs.3,525/-
01.09.2026 to 30.09.2026 (With Fine Rs.500)	Rs.3,105/-	Rs.420/-	Rs.500/-	Rs.4,025/-
01.10.2026 to 31.10.2026 (With Fine Rs.1,000)	Rs.3,105/-	Rs.420/-	Rs.1,000/-	Rs.4,525/-

(B) Rs.1,500/- will be collected from the CWSN candidates/ Candidates from the institutions managed by State Social Welfare Board, irrespective of fine dates.

(C) The candidates seeking re-admission have to pay Rs.1,950/- towards re-admission fee (excluding examination fee) and shall be treated as Correspondence Course Regular Candidate. The candidates will appear the examination as per current syllabus.

(D) The school students who couldn't enroll through their respective school in time, can appear the A.H.S.C examination through Correspondence Course by paying Rs.1,500/- towards their admission and examination fee. No text-book will be provided to such category of students.

2. One set of text-book of class-X will be provided to each candidate at the time of admission.

3. Application form, Admission Form, Pay-in-slip and Instruction will be available in the Board's website. Students will download all the forms and submit the filled-in forms at the concerned zonal offices, within the prescribed time period. Deputy Secretaries of all Zonal offices are instructed to keep the stock of text-books ready at their level for this purpose.

4. The Asst. Secretary, TBS is instructed to supply text-books of Class-X to the Deputy Secretaries of all zonal offices as per their requirement, free of cost.

5. The soft and hard copy of the data of all admitted students will be supplied by the Deputy Secretaries of concerned Zonal offices to the head office, Kataka after the admission process is over, latest by 16.11.2026.

6. Centre of examination for the Correspondence Course candidates will be selected in the Block/ ULB as per their present address.
7. Students will appear the AHSC examination, 2027 as per the Scheme of Assessment and prevailing Syllabus meant for 2026-27.

10.7.26
Secretary,
B.S.E. Odisha, Kataka

Memo No. 1648(40) **/(Exam Conf-I)/Dt.** 10.07.26

Copy to:-

2. All Branch Officers/ Deputy Secretaries/ Asst. Secretaries/ Section Officers of the Board including Zonal Offices for information and necessary action.

10.7.26
Secretary,
B.S.E. Odisha, Kataka

BOARD OF SECONDARY EDUCATION, ODISHA

BAJRAKABATI ROAD, KATAKA – 753001

APPLICATION FORM FOR ADMISSION INTO CORRESPONDENCE COURSE FOR THE SESSION 20.....- 20.....

FOR OFFICE USE ONLY

(Enrolment No.....)

i. Money Receipt/ Pay-in-Slip for Rs.....
ii. Original S.L.C./T.C
iii. Certified Photo Copy of S.L.C. /T.C.
iv. Certified Photo Copy of Board's Mark Sheet (for H.S.C. Exam failed candidates).
v. Six Passport size self attested photographs.
vi. Enrolment form & examination form duly filled in.
vii. S.C./S.T. Certificate, (If any) :
viii. Physically Handicapped certificate, (if any) :
ix. Three self addressed Unstamped envelopes.

ADMITTED

Asst. In-Charge Section Officer Dy. Secretary

THE CANDIDATE SHOULD PASTE HIS/ HER RECENT PASSPORT SIZE PHOTOGRAPH SIGNED ON THE FRONT SIDE

PHOTO SHALL NOT BE STAPLED/ PINNED

Full Signature of the Candidate

01. Name (In Capital Letter).....

02. Date of Birth as given in the S.L.C./T.C. (In figures).....

(in words).....

03. Sex : [Put a tick mark (✓) In the appropriate box] Male ☐ Female ☐ Others ☐

04. Mother's Name (In Capital Letter) :.....

05. Father's Name (In Capital Letter) :.....

06. Category : [Put a tick mark (✓) In the appropriate box] General ☐ S.C. ☐ S.T. ☐ OBC/SEBC ☐

(Attach certificate from competent authority in case of S.C./ S.T.)

07. Whether a student of an institution managed by any Social Welfare Organisation Yes ☐ No ☐

If yes, then Name and Address of that Organisation :

(The SLC/TC must be countersigned by the competent authority of that Organisation)

08. Whether Physically Handicapped ? Yes ☐ No ☐

Put a tick mark (✓) in the appropriate box]

09. Type of Physically Handicapped :.....

10. Helper Writer required Yes ☐ No ☐

11. Present Postal Address for Correspondence (In Capital Letter)

Name.....

C/O, (if any).....

Village..... P.O..... Via..... Location.....

Block/ULB..... District..... Pin.....

12. Permanent Address

Village/Locality..... P.O.....

Block/ ULB..... Sub-division..... District.....

Pin code.....

N.B. : This address is very important and should be given correctly as enrolment will be made on the basis of this address.

13. Mobile Number :..... Parent's Mobile No. :.....

14. Email Id :..... Parent's Email Id :.....

Whether appeared and failed at any previous H.S.C. Examination. ?

Yes ☐ No ☐

Put a tick (✓) in the appropriate box

If yes, (a) Roll No..... (b) Examination with year.....

[attach a Xerox copy of the 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 (✓) 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 (✓) in the appropriate box.)

English ☐ Hindi ☐ SEP ☐

(iii) Third Language (Choose any one of the following subjects by putting a tick (✓) in the appropriate box.)

Hindi ☐ Odia ☐ Sanskrit ☐ Persian ☐ Visual Arts ☐

16. Particulars of Admission Fees deposited.

a) Amount Rs.....(in words)

Rupees.....

b) Pay-in-slip/ Journal/ Money Receipt

No.....Date.....

c) Name of the Issuing Bank and Branch.....

17. Particulars of S.L.C./ T.C. submitted

a) S.L.C./T.C. No.....Date.....

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

High School/ Gazetted Officer of the locality

Full Signature of the Candidate

date.....

BOARD OF SECONDARY EDUCATION, ODISHA

BAJRAKABATI ROAD, KATAKA – 753001

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

Category of Candidate

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 stappled here	
VIA:-	DIST:-							PIN:-					
15. Permanent 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._____ Date_____ 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

PAY IN SLIP
CANDIDATE COPY

Challan No..... Date.....

STATE BANK OF INDIA
Deposited at SBI
For Credit of
BOARD OF SECONDARY EDUCATION, ODISHA, CUTTACK

(Fee Collection A/C)

A/C No.: 3 7 5 2 6 8 0 4 5 2 5

Fee : Rs._____
Bank Charges : Rs._____
Total Charges : Rs._____

BANK RECEIPT SEAL

Class/ Course – Correspondence Course
Fee Category – D
(Total amount to be deposited in B.S.E. Account, Bank Branches need not recover bank charges separately.)

Journal No. (To be filled by Branch) –
Name of the Candidate :
District Code :

Fee for filling up of application forms for Correspondence Course HSC Examination.....

Full Signature of the Candidate

PAY IN SLIP
BOARD COPY

Challan No..... Date.....

STATE BANK OF INDIA
Deposited at SBI
For Credit of
BOARD OF SECONDARY EDUCATION, ODISHA, CUTTACK

(Fee Collection A/C)

A/C No. 3 7 5 2 6 8 0 4 5 2 5

Fee : Rs._____
Bank Charges : Rs._____
Total Charges : Rs._____

BANK RECEIPT SEAL

Class/ Course – Correspondence Course
Fee Category – D
(Total amount to be deposited in B.S.E. Account, Bank Branches need not recover bank charges separately.)

Journal No. (To be filled by Branch) –
Name of the Candidate :
District Code :

Fee for filling up of application forms for Correspondence Course HSC Examination.....

Full Signature of the Candidate

PAY IN SLIP
BANK COPY

Challan No..... Date.....

STATE BANK OF INDIA
Deposited at SBI
For Credit of
BOARD OF SECONDARY EDUCATION, ODISHA, CUTTACK

(Fee Collection A/C)

A/C No. 3 7 5 2 6 8 0 4 5 2 5

Fee : Rs._____
Bank Charges : Rs._____
Total Charges : Rs._____

BANK RECEIPT SEAL

Class/ Course – Correspondence Course
Fee Category – D
(Total amount to be deposited in B.S.E. Account, Bank Branches need not recover bank charges separately.)

Journal No. (To be filled by Branch) –
Name of the Candidate :
District Code :

Fee for filling up of application forms for Correspondence Course HSC Examination.....

Full Signature of the Candidate