

BOARD OF SECONDARY EDUCATION, ODISHA

BAJRAKABATI ROAD, CUTTACK - 753001

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

Category of Candidate		For Office Use Only					
Regular	Ex-Regular	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.	01. Name of the Zonal Office					02. Enrolment Number (UIN) (In Capital Letters)						
03.	Name of the Applicant Name Surname (In Capital Letters)					04.	. Gender (Male/Female/Other)					
05.	Mother's Name (In Capital Letters)						06.	Roll Numl (To be assign		e Board)		
07.	Father's Name (In Capital Letters)											
		(IN FIGURE)			-			-				
08.	DATE OF BIRTH	(IN WORDS)			•	•		•	•	•		•
09.	09. CASTE (SC/ST/GEN/Others)						10. Nationality					
11. Script for Answering Non-Language papers 12.			12. [MOTHER 1	TOUNGE	13. APPEARING CODE						
										1		
	14. Address for Correspondence : AT :- POST:-				I wo attested							
VIA:	- DIST:- PIN:-											
15.	15. Permanent Address : AT :- POST:-				be stappled here							
VIA:	-	DIST:- PIN:			-							
16.	16. Subject of Examination		FL		SL		ΓL	М	TH	G:	SC	SSC
(Subject Codes to be mentioned)												
17.	17. Previous Roll No. with Year											
18.	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
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