



COUNCIL OF HIGHER SECONDARY EDUCATION, ORISSA
BHUBANESWAR - 751013

FORM OF APPLICATION FOR REGISTRATION OF TEACHERS

To
The Secretary,
C.H.S.E., Orissa
Bhubaneswar - 751013

Two stamp
size colour
photographs

(Through the Principal/Headmaster

_____ College / H.S. School
_____)

I request you to enter my name in the Register of Teaching maintained under Regulations 39,40,41 of the Orissa Higher Secondary Education Regulations, 1982.

1. (a) Name in full
(With designation)
- (b) Permanent Address
(With PIN Code)
- (c) Present Address
(For communication)
2. Father's Name
3. Date of Birth
4. (a) Degree or Degrees taken
(state in each case the name of University
& date when degree was / were conferred)

| Degree | University / BSE | Marks Secured | Total marks | % of marks obtained | Year of Exam. | Remarks |
|--------|------------------|---------------|-------------|---------------------|---------------|---------|
| 1 | 2 | 3 | 4 | 5 | 6 | 7 |
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- (b) Attested copies of Certificates & Mark-sheets from matriculation onwards to be attached.
5. College/Higher Secondary School where the applicant is working as teacher

6. If already registered, state the Registration No., nature of membership in Council (attach Xerox attested copy of the same)
7. Subject taught
8. Period of experience as a teacher in the College / Higher Secondary School (i.e. Date of first joining) (Xerox copy of appointment order and joining report to be attached.)
9. Amount of fee remitted with application life membership fee Rs. 200/- / Duplicate membership fee Rs. 50/- State the cash receipt No. and date (attach the original CR/BDR)
10. Grant of affiliation in the subjects (Xerox copy of affiliation letter is to be attached)

Certified that the information given above are true & correct. If anything found false/ incorrect in future I shall be personally held responsible and action deemed proper will be initiated against me.

Date :

SIGNATURE OF THE APPLICANT IN FULL

Memo No. _____ Dt _____ /

Forwarded to the Secretary, CHSE, Orissa, Bhubaneswar for necessary action. The data furnished by the candidates are true. His/Her name may please be registered in the Council. This subject is affiliated one.

Principal / Headmaster

(Seal)

For CHSE, Orissa use only

Regd. No. _____ year _____ allotted. If not Regd. reason(s)

1.

2.

3.

4.

5.

etc/

DA

SO

Dy.Secy.

Secretary