



COUNCIL OF HIGHER SECONDARY EDUCATION, ODISHA

PRAGNYAPITHA, SAMANTAPUR: BHUBANESWAR - 751013

APPLICATION FOR ISSUE OF DUPLICATE REGISTRATION NUMBER

To,

The Controller of Examinations,
C.H.S.E., Odisha, Bhubaneswar

Sir,

I furnish below the particulars about myself and request that a duplicate Registration Number may kindly be issued in my favour since the original one issued to me has been lost. The fee for the Duplicate Registration No. receipt of Rs. 51/- (Rupees fifty one only) has been paid by me in shape of Cash in the Council counter vide M.R. No. _____ Date _____ / in shape of B.D. bearing No. _____ Date _____ in favour of F.O., CHSE, Bhubaneswar.

1. Name of the Applicant :

2. Name of the Father : 3. Date of Birth :

4. Name of the College/ H.S School :
affiliated to his Council where
first admitted.

5. Year of admission:

6. Class to which admitted : 7. Registration Number :

Full Signature of the Applicant
Address:

Signature with seal of the Gazetted Officer

(in case of private candidate)

Date:

Memo No. _____ Date _____

The candidate was first admitted in this institution during the year _____. His/ her Registration Number is _____. He/ She signed the application in my presence. The duplicate registration number may be issued to him/ her.

The particulars given by the applicant are true to the best of my knowledge.

Signature with seal of the Principal/ Headmaster

N.B.: The applicant is required to enclose the xerox copy of Admit Card/ Mark sheet/ Pass Certificate/ Lost Registration Receipt (if available).