



COUNCIL OF HIGHER SECONDARY EDUCATION, Odisha, Bhubaneswar - 13

JOINING PARTICULARS

[VALUATION]

(To be submitted on the day of joining)

NAME OF THE VALUATION CENTRE _____

1. Name of the Chief/Asst./Single Examiner or Scrutinizer (in capital letters) & Designation _____
(Strike out which is not applicable)
2. Address (College) _____

3. Basic Pay Drawn (If demanded by the Zone Supervisor, Please Submit a certificate from your principal) _____
4. a) Name of Headquarters (Town/Place of the College): _____
b) Date and time of departure from Headquarters for the purpose: _____
c) Date and time of arrival at the valuation centre: _____
5. T.A. Admissible for Journey (to & from)
a) Bus _____ Kms. _____ Actual fare Rs. _____
b) Train _____ Kms. _____ Actual fare Rs. _____

Date _____

Full Signature

Countersigned

Zonal Asst.

Zone Code No. _____

Zone Supervisor/Officer