



COUNCIL OF HIGHER SECONDARY EDUCATION : ODISHA

PRAGNYAPITHA : SAMANTAPUR : BHUBANESWAR-751 013

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 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. _____ Dt. _____

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).*