

**COUNCIL OF HIGHER SECONDARY EDUCATION, ORISSA
BHUBANESWAR- 751013**

**FORM OF APPLICATION FOR REGISTRATION OF DEMONSTRATORS
(PRACTICAL EXAMINATION ONLY)**

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)

2. Father's Name

3. Date of Birth

4. (a) Degree of 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

(b) Attested Copies of Certificates & Mark sheets from Matriculation onwards to be attached.

5. College/ Higher Secondary School where the applicant's is working as teacher

P.T.O

6. If already registered, state the Registration No., nature of membership in University & No (Attach Xerox Copy of the same)

7. Subject taught

8. Period of experience as a Demonstrator in the College/ Higher Secondary School (i.e Date Of First Joining/ Appointment Order) (Xerox Copies to be attached)

9. Postal address for communication

10. Amount of fee remitted with application life membership fee Rs 200/- State the cash Receipt No. and date (attach the original Cr/ BDR)

11. 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