

019381

Price Rs. 15.00

No.

Central Office :

West Bengal Council of H. S. Education
Vidyasagar Bhavan
9/2, Block DJ, Sector-II
Salt Lake, Kolkata-700 091
Ph. : 033-2337-4984 to 87

Kolkata Regional Office :

W. B. Council of H. S. Education
Bikash Bhavan,
North Block (2nd Floor)
Salt Lake, Kolkata - 700 091
Ph. : 033-2334-3193

To

The Deputy Secretary (KRO/BRO/MRO/NBRO)
West Bengal Council of Higher Secondary Education

North Bengal Regional Office :

W. B. Council of H.S. Education
Rahul Sankrityayan Bhavan
P.O. : North Bengal University, Pin-734013
Dist. : Darjeeling, Ph. : 0353-2582-097

Burdwan Regional Office :

W. B. Council of H. S. Education
Nazrul Bhavan, (Behind LIC Office),
5, Ichlabad (Jalkal Math), P.O. : Sripally
Dist. : Bardhaman, Pin - 713103
Ph. : 0342-2644720/254 1427

Midnapore Regional Office :

W. B. Council of H. S. Education
'Sahid Matangini Bhavan, Bidhannagar East
72, Station Road, Pin-721101
P.O. : Medinipur, Dist. : Paschim Medinipur
Ph. : 03222-276-318

Police Diary No.
Date.....
(In case of lost or stolen)
Signature of the O. C. of P.S.

Subject : APPLICATION FOR ISSUE OF DUPLICATE REGISTRATION CERTIFICATE Genl./Voc/Ext.

Sir,

I beg to apply for issuing a Duplicate Registration Certificate in my favour for the following Academic Year as the original one has been Lost/Stolen/Damaged. (If damaged, the damaged Certificate is to be submitted).

Verification Note (for Council's Office only)
Short Signature of the Dealing Asst..... Date.....

1. Name of the Candidate :
(In Block Letters)
 2. Father's/Mother's/Guardian's Name :
 3. Full Address :
 - Phone No. :
 4. (a) Name, Address of the Institution from where the candidate was Registered :
 - (b) Code of the Institution :
 5. REGISTRATION NO. WITH YEAR :
 6. Roll & No. with year of passing the H.S. Examination **Rs. 200/-**
 7. The fees of Rs. ~~80/-~~ (Ordinary), ~~Rs. 90/-~~ (Urgent) shall be paid for the Duplicate Registration Certificate. Such fees shall be deposited by cash only.
- I like to take delivery of my document personally / by post / through Institution. (Strike out whichever is not applicable)

Yours faithfully,

Date.....

.....
Full Signature of the Candidate

I certify that the above statement made by the applicant is true to the best of my knowledge and belief.

Date.....

.....
Signature of the Head of the Institution
with Office Seal
Code number of the Institution

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Over Leaf