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.                          | D.J. G. W |
| (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<br>(for Council's Office only) | 1. Name of the Candidate (In Block Letters)                                                                                                                                               |
|--------------------------------------------------|-------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| (,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,          | 2. Father's/Mother's/Guardian's Name :                                                                                                                                                    |
|                                                  | 3. Full Address :                                                                                                                                                                         |
| ericker og ender rikker (marker er en samer)     | The Signature of Shallemt,                                                                                                                                                                |
|                                                  | 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/-                                                                                                                         |
|                                                  | <ol> <li>The fees of Rs. 80/ (Ordinary), Rs. 90/- (Urgent) shall be paid for the<br/><u>Duplicate Registration Certificate</u>. Such fees shall be deposited by cash<br/>only.</li> </ol> |
| Short Signature of the Dealing                   | I like to take delivery of my document personally / by post / through Institution. (Strike out whichever is not applicable)                                                               |
| Asst                                             | Yours faithfully,                                                                                                                                                                         |
| Date. (1862 soil) niw                            |                                                                                                                                                                                           |
|                                                  | 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                            |
|      | of receipt of the Application Form. | Ordinary White 20 days from the date of a                 |

- N.B.: (1) Application Form filled in wrongly will be rejected without any reference to the applicant.
  - (2) Document applied for remaining unclaimed beyond six months from the date of receipt will be destroyed. Fees submitted for the purpose shall not be refunded even in the cases of rejected forms.
  - (3) In case of collection of the document by hand the receipt issued by the Council or a letter of authority as per the following specimen should be produced at the time of collection.
  - (4) In case of postal delivery, current postal charge (Registration) shall be paid separately in the prescribed manner mentioned at SL. No. 7 of the application.
  - (5) The receipt of purchase of Application Form and the receipt of payment of fees must be attached with the application.

## SPECIMEN OF LETTER OF AUTHORITY

To
The Deputy Secretary (KRO/BRO/MRO/NBRO)
W. B. Council of H. S. Education

Sub: Delivery of Duplicate Registration Certificate

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|                                                                                       | Reg. Noof                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                      |
| receive his / her Duplicate Registration                                              | Certificate.                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                   |
| The Signature of Shri/Smt                                                             |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |
| is attested below by me.                                                              | A (a) Name Aduleste de la                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                  |
|                                                                                       | Yours faithfully IV HILW ON KOLTANT SIDEN  To ten a fill work of the fill of the angle of the fill of the angle of the fill of the f       |
| erh not bish od Hurla (Inegrit) (1921) 25<br>naso VQ beterogen erhildre seen richts a | Country Project Allow California Project Allow California Californ |
| Signature of Shri/Smt.                                                                | (Signature of the Head of the Institution with Office Seal)                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                    |
| Law Dispisions of the Condidate                                                       | Code number of the Institution                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                 |

ATTESTED (Signature of the Head of the Institution with Office Seal)

**Delivery** 

Ordinary: Within 20 days from the date of receipt of the Application Form. Urgent: Within 7 days from the date of receipt of the Application Form.