

BOARD OF SECONDARY EDUCATION, ODISHA, CUTTACK

FORM OF REGISTRATION FOR TEACHERS WHO ARE AT THEIR HOME DISTRICT

1. Name of Teacher :-
2. Name of the Home District :-
3. School where working at present :-
4. Dist where the school is situated :-
5. Post held :-
6. Qualification :-

7. Teaching Subjects :-
8. Mobile No. :-
9. E-Mail ID :-

Signature

Note :- *(Filled in form be sent to concerned District Education Officer/ nearby evaluation centre with a copy to Controller of Examinations.)*