

THE WEST BENGAL COUNCIL OF RABINDRA OPEN SCHOOLING

Bikash Bhavan (2nd Floor, East Block), Bidhannagar, Kolkata-700091

CORRECTION (S) FORM

FOR UCHCHA MADHYAMIK (HIGHER SECONDARY) LEVEL

)/FATHER'S NAME () /
FATH	ER'S MIDDLE NAME()//	FATHER'S SU	JRNAME () / MO	THER'S NA	ME	O/ MOTHER'S N	ИIDD	LE NAME ()/ MOTHER'S
SURN	AME ()/GUARDIAN'S N	AME () / G	GUARDIAN'S MIDE	LE NAME	\bigcirc	/ GUARDIAN'S SU	RNAI	ME ()/ DATE OF BIRTH
○/GE	ENDER (
[Plea	se (V) the necessary corr	ection]						
	(Any corr	ection must	be done within o	ne year fro	om '	the date of registra	ation	<u>)</u>
	Instructions in the	separate sh	eet enclosed mus	t be read c	are	fully before filling ι	up th	e form
To								
The S	ecretary							
WBCF	ROS							
Sir/M	adam,							
	I beg to apply Cor	rection of M	y Name () / Mido	dle Name ()/9	Surname ()/Father	r's Na	ame () / Father's Middle
Name								Surname ()/Guardian's
								Please (V) the necessary
								ly filled in the following
								cution requisite fee of Rs
•	(Rupees					, .		•
				_ •				
1. Par	ticulars of the Applicant	as per Regis	stration Certificate	e/Admit C	ard	/Marksheet/Pass	Certi	ficate of Madhyamik
(Seco	ndary) Level							•
a.	Name (in capital lette	ers)						
b.	Father's/ Mother's /	•	ame					
C.	Date of Birth [DD-MI							
d.		ion in Uchcha Madhyamik (Higher						
u .	Secondary) Level							
e.	Age as on date of admission in Madhyamik							
С.	(Secondary) Level							
<u> </u>	·							
f.	Registration No and	rear						
g.	Roll			No				
ο.	1.0							
h.	Name of Council's Ex	amination						
	(appeared / passed)							
i.	Address of applicant	(in full)						
j.	Mobile no.			1.			2.	
								L
k.	E-mail id							
2 Dar	ticulars of the Institution	n Study Can	tra /Institution					
	centre code No	Totaly Cen	Name of the Stu	dy Contro				
Study	centre code No		Name of the 3to	uy Centre				
۸ ما ما	occ (in full)							
Audre	ess (in full)							
Cerri	at ma of Children Color /			F 11 1		Τ		
Contact no of Study Centre / E-mail id								
co-or	dinator/H.M./T.I.C							

3. Correction Prayed for	<u>-</u>					
		From	То			
Name/Middle name/ Surname of the Applicant						
Name/ Middle name /Surname of Father's /Mo	ther's/Guardian's					
Date of Birth						
Gender						
4. The Consultrate of U.N.A. /T.I.C. of the about one						
4. The Co-ordinator/ H.M./T.I.C. of the study ce	ntre is requested to expir	ain now the mistake occ	currea:			
Verified and forwarded with documentary evidence (s)						
	for consi	ideration of necessary cor	rection			
Signature of the Applicant (in full)						
Signature of the Applicant (in run)						
Counter signed by D.I/A.D.I/ A.I (SE) of School(s) wi	 th soal & dato					
Counter signed by D.I/A.D.I/ A.I (3L) of School(s) wi	tii seai & date					
		turo of the Co ordinate	r with soal 9 data			
Demand draft No. with date	_	ture of the Co-ordinato	r with sear & date			
Amount (in words)						
Name of the Bank & Branch						
TVAITE OF THE BATIK & Bratter	••••••					
	Signa	ture of the H.M./T.I.C v	vith seal & date			
Payment should be made by						
Demand Draft in favour of "The						
Rabindranath State Council of						
Open Schooling Fund."						
	Study Co	entre's contact No:				
	-	Centre's mail Id:				
	·					
	FOR OFFICE USE					
Observation						
Observation						

Instruction to the applicant before filling up the Form (No. WBCROS/02) for correction for Uchcha Madhyamik (Higher Secondary) Level

Documents to be submitted

- 1. Photocopy to Registration Certificate, Admit Card, Mark Sheet and Pass Certificate duly authenticated by the concerned Head of the Study Centre's/Institution's Co-ordinator/H.M./T.I.C.
- For Correction of Name/Father's/Mother's Name/ Guardian's name/ Middle Name/ Surname/ Date of Birth Photo copy of Registration Certificate/Admit Card /Marksheet/Pass Certificate for Madhyamik (Secondary) Level must be authenticated by the concerned Co-ordinator/H.M./T.I.C. of the Study Centre/ Institution and countersigned by D.I./A.D.I./A.I (SE) of Schools.
- 3. On checking application form if any discrepancy arises/found correction form should be treated as cancelled by the WBCROS.
- 4. Any correction must be done within one year of registration.

5. Auxiliary documents :-

i) Photo copy of Baptism Certificate for students, ii) Photocopy of Discharge Certificate and Caste Certificate (must be prepared before Registration /appearing Council's Examination and issued by the competent authority) attested by Gazette Officer.

6. In case of Gender Change

i) Photocopy of Certificate of sex Reassignment Surgery (SER) from competent Government Medical Officer within the one year of Registration.

FEES - within three months - Nil

Within one year – 100 (Registration Certificate, Mark sheet & Certificate) Within one year -50 (Admit card)

N.B.:

- 1) Prayer for any type of correction shall not be entertained, if he/she provides false information(s)/document(s) or incorrect information(s) /document(s).
- 2) Incomplete / tampered documents will not be entertained.
- 3) Photo copy of Registration Certificate/Admit Card /Marksheet/ Pass Certificate for Madhyamik (Secondary) Level must have been authenticated & signed by the concerned Co-ordinator/H.M./T.I.C. of the Study Centre/ Institution properly.
- 4) Applicants who are applying for any correction/s after one year from the year of Registration must be obtain prior permission from the Council's authority.
- 5) The Council shall not however be responsible for the delay in preparing of any correction due to unavoidable circumstances.
- 6) Complaints for non –receipt of the documents will not be entertained after a period of 3 months from the date of submission.
- 7) If not Received within one month from submission aggrieved incumbent may write to the Secretary, WBCROS at email id wbcros2006@gmail.com

By Order Secretary