



THE WEST BENGAL COUNCIL OF RABINDRA OPEN SCHOOLING

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

			CORRECTION (S) FORM					
		FC	OR MADHYAMIK (SECONDAR	Y) LEVEL				
APPLICA	ATION FOR				NAME ()/SURNAME ()/FATHER'S NAME () /				
FATHER'S MIDDLE NAME () FATHER'S SURNAME () MOTHER'S NAME () MOTHER'S MIDDLE NAME () MOTHER'S									
SURNAME ()/GUARDIAN'S NAME () / GUARDIAN'S MIDDLE NAME ()/ GUARDIAN'S SURNAME ()/ DATE OF BIRTH									
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	_	cessary correction]							
[Fiease	(v) the he		t ha dana within ar	an want fram	the date of resistantion				
	lo otau				the date of registration)				
Instructions in the separate sheet enclosed must be read carefully before filling up the form									
To The Secretary									
WBCRO									
Sir/Mad									
					'Surname ○/Father's Name ○ / Father's Middle				
					dle Name ()/ Mother's Surname ()/Guardian's				
Name () / Guardi				Of Birth \(\rightarrow\)/Gender \(\rightarrow\) [Please (V) the necessary				
	on], as per				nentary evidence (s) duly filled in the following				
particula					r of study centre /Institution requisite fee of Rs				
	_(Rupees _			only)					
1. Partic	culars of th	e Applicant as per Adm	nission Register (Re	cognized qua	alifying school) for Madhyamik (Secondary)				
		ass VIII passed Transfe							
a.	Name (in	capital letters)			* * * * * * * * * * * * * * * * * * *				
b.	Father's / Mother's / Guardian's name								
c.	-	irth [DD-MM-YYYY]	2 2						
d.			(Secondary) Level						
e.									
	(Seconda		idaniyanik						
				1 4					
f.	Registrati	on No and Year							
σ	Roll	2	8	No					
g.	IXOII			INO					
h.	Name of	Council's Examination							
	1	d / passed)							
i.		of applicant (in full)							
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j.	Mobile no	1		1.	2.				
j. Wobile Ho.		1.	2.						
k.	E-mail id								
30 E									
		e Institution Study Cer							
Study ce	entre code	No	Name of the Stud	dy Centre					
	15	v		4					
Address	(in full)			L.					
Contact no of Study Centre / E-mail									
Co-ordinator/H.M./T.I.C									

3.	Correction	Prayed	for

Name/Middle name/ Surname of the Applicant	From	То
Name/ Middle name /Surname of Father's /Mother's/Guardian's		
Date of Birth		
Gender		

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4. The Co-ordinator/ H M /T LC of the study control is as	
4. The Co-ordinator/ H.M./T.I.C. of the study centre is reques	sted to explain how the mistake occurred:
	. 4
¥ .	
	Verified and forwarded with documentary evidence (s)
	for consideration of necessary correction
Signature of the Applicant (in full)	,
Solution of the Applicant (III Iuli)	
Counter signed by D.I/A.D.I/ A.I (SE) of School(s) with seal & date	
the same and the s	
	Signature of the Co-ordinator with seal & date
Demand draft No. with date	with sear & date
Amount (in words)	
Name of the Bank & Branch	
	± 9°
	Signature of the H.M./T.I.C with seal & date
Payment should be made by	with seal & date
Bank Challan of WBCROS (which	
nas been uploaded at our website	
our wbcros.ac.in).	
	Study Centre's contact No:
	Study Centre's mail Id:

FOR OFFICE USE

Observation

Instruction to the applicant before filling up the Form (No. WBCROS/02) for correction for Madhyamik (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.
- 2. For Correction of Name/Father's/Mother's Name/ Guardian's name/ Middle Name/ Surname/ Date of Birth as per Admission Register of Study Centre/ Institution (where the Applicant appearing Council 's Examination) along with last school/institution pass certificate photocopy of class VIII of the Admission Register / Register's (relevant page/pages) 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 adoption:-

i) Photocopy of Admission Register (Relevant page) of Study Centre must be attested by the concerned Coordinator

of the Study Centre.

Ii) Photocopy of Deed of adoption with order of competent authority (Must be made below 15 years of the adoptive child) by any Gazetted Officer may be entertained for change Father's Name / Surname/ Middle Name of the applicant Registration by the council within the one year of registration.

7. 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) + 25/- (processing fees) for each documents Within one year -100 (Admit card) + 25/- (processing fees) 125/-

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.
- Relevant page(s) of Admission Register of High School must have been authenticated and signed by the concerned Co-ordinator 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 wdcros2006@gmail.com

By Order Secretary