



COUNCIL OF HIGHER SECONDARY EDUCATION, ODISHA
C/2 PRAGNYAPITHA, SAMANTAPUR, BHUBANESWAR-751013
FORM OF ACKNOWLEDGEMENT

1. Name of The Designated Officer and Address

ASSISTANT CONTROLLER OF EXAMINATION,
BHUBANESWAR

2. Name and Contact No. of The Applicant

BHAGABAN PATRA & 9676702895

3. No and Date of Receiving application in the office of
Designated Officer

AOCM/2024/00261 & 26/11/2024

4. Name of the Service for which the application is given

APPLICATION FOR AUTHENTICATION OF ORIGINAL
CERTIFICATE/MARKSHEET

5. Particulars of the documents which are essential for receiving
service but are not enclosed with the application

6. Last Date of the given time limit

Signature Of Receiving Officer

Date: 26/11/2024

**** This is a Digitally Signed Document And Does Not Require Signature ****

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