

DIRECTORATE OF MEDICAL EDUCATION & TRAINING, ODISHA

No. 31576 // MET-I -OSAMSB-004/2023, Bhubaneswar, Dt.

1 1 NOV 2024

To

The Dean & Principals,
All Govt. Medical Colleges,
Principal, All Govt. approved private Colleges.

Sub: - Schedule for conducting Annual examination for the Six month Allied courses (CECGT, CWT, CBCA & CCFA) under Odisha State Allied Medical Science Board.

Madam/Sir,

With reference to the subject cited above, I am forwarding herewith schedule for the Annual examination of the Six month Allied courses (CECGT, CWT, CBCA & CCFA) under Odisha State Allied Medical Science Board for the student's. This is for information & notification to the candidates concerned.

The programme of the examination is mentioned below.

TENTATIVE CALENDAR OF SUPPLEMENTARY EXAM		
SI. No.	Description	Date Time
1	Form fill up (online)	20.11.2024 to 25.11.2024
2	Availability of Admit card (online)	26.11.2024
3	Examination	05.12.2024 to 06.12.2024
4	Practical Examination	07.12.2024
5	Online Result Publication	24.01.2025
6	Application for rechecking	27.012025 to 30.01.2025
7	Result publication rechecking	21.02.2025

• The registration fees amounting to Rs.500/- is to be deposited online through SB collect as per the procedure as follows.

Type www.onlinesbi.com Click on "SB collect"- Click on check box and proceed-select state of corporate as "Odisha" - Select Type of corporate as "Govt. Department"- Click on Go buttom - Select Govt. Department as "Odisha State Allied Medical Science Board" - Click on submit- select payment category as "Student Registration fees" - fill all the requisite data submit.

• The examination fees amounting to Rs.600/- is to be deposited online through SB collect as per the procedure as follows.

Type www.onlinesbi.com Click on "SB collect"- Click on check box and proceed-select state of corporate as "Odisha" - Select Type of corporate as "Govt. Department"- Click on Go buttom - Select Govt. Department as "Odisha State Allied Medical Science Board" - Click on submit-select payment category as "Examination fees"- fill all the requisite data—submit.

Yours faithfully,

Secretary

Memo No.

Copy forwarded to the Additional Secretary. Health & FW Department, for information.

Odisha State Allied Medical Science Board

Memo No.

Copy forwarded to the M/s Detroit Consultants, Plot No. 544/3530, Ebarang,

Sundarpada. Bhubaneswar for information & necessary action.

Secretary

Odisha State Allied Medical Science Board