



BOARD OF INTERMEDIATE & SECONDARY EDUCATION ABBOTTABAD

APPLICATION FOR VERIFICATION OF ORIGINAL CERTIFICATE

(Please ✓ your choice) متعلقہ خانوں کو ✓ کریں

S.S.C <input type="checkbox"/>	H.S.S.C <input type="checkbox"/>	Normal: 700/-	Urgent: 1000/-
I.B.C.C <input type="checkbox"/>	<input type="checkbox"/>	BY HAND	<input type="checkbox"/>

Roll No. _____ Year: _____ Annual-I Supply/Annual - II

Enrolment / Registration Number:

Name: _____ نام

Father's Name: _____ ولدیت

Address (as per C.N.I.C): _____

Own/Father's CNIC Number:

Marks Obtained: _____ Group: _____ Mobile Number: _____

Amount: _____ Receipt No: _____ Bank: _____ Branch: _____ Date _____

Signature of Applicant _____ Dated ____/____/202__



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www.biseatd.edu.pk Facebook: BISE Abbottabad F.A.Q's Group: BISE, ABBOTTABAD (F.A.Q's)

0992 – 392424, (0992 – 392014 Extension HSSC: 228, SSC: 250)

تمام کالم پر کریں (Original Certificate Verification) Receipt

S.S.C <input type="checkbox"/>	H.S.S.C <input type="checkbox"/>	Normal: 700/-	Urgent: 1000/-
I.B.C.C <input type="checkbox"/>	<input type="checkbox"/>	BY HAND	<input type="checkbox"/>

Roll No: _____ Year: _____ Annual – I, Supply/ Annual - II

Name: _____ Father's Name: _____

Application Submission Date: ____/____/202__ Issuance Date: ____/____/202__

Signature of Dealing Assistant _____

متعلقہ سند کی دو عدد واضح فوٹو کاپیاں اور مجوزہ فیس کی اصل رسید درخواست فارم کیساتھ منسلک کریں۔

Class	HSSC Male	SSC Male	SSC/HSSC Female
Window	6	7	8

FOR BANK RECORD

BOARD OF INTERMEDIATE & SECONDARY EDUCATION



ABBOTTABAD

ALLIED BANK LIMITED

Current Account Pay In Slip

Account Number: **0010012077500172**

Murree Road B.I.S.E. BRANCH ABBOTTABAD (0193)



Date ____/____/____ Slip No: _____

Name of Candidate _____

Father's Name _____

Total Fee _____

Deposited (In words) _____

S#	Head of Receipt	Amount (Rs)
1	SSC EXAM (9 th / 10 th)	
2	HSSC EXAM (11 th / 12 th)	
3	MIGRATION CERTIFICATE	
4	VERIFICATION (DMC / OC)	
5	RE-TOTALING (SSC / HSSC)	
6	ENROLLMENT / REGISTRATION (9 th / 11 th)	
7	CORRECTION (Name/F.Name /D.o.B)	
8	CERTIFICATE (DMC / OC)	
9	U.F.M APPEAL	
10	CREATION OF EXAM CENTRE	
11	GAZETTE DVD	
12	CHANGE OF EXAM CENTRE	
13	SPORTS FEE	
14	AFFILIATION / RENEWAL FEE	
15	RESULT CANCELATION/ QUASHMENT	
16	OTHERS (SPECIFY)	

Bank Stamp

Depositor's Signature_____
Authorized Signature

FOR B.I.S.E RECORD

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Bank Stamp

Depositor's Signature_____
Authorized Signature