

SERIAL NO.

BOARD OF INTERMEDIATE & SECONDARY EDUCATION SAIDU SHARIF, SWAT
ADMISSION FORM FOR HIGHER SECONDARY SCHOOL CERTIFICATE EXAMINATION



HSSC PART-I

YEAR 20__ (ANNUAL/SUPPLY)

Note: Please put a tick mark (✓) in the relevant box.

01. GROUP Pre-Medical 1 Pre-Engineering 2 Comp: Science 3 Humanities 4

02 STATE WHETHER Regular ☐ 1 Private ☐ 2

ROLL NO (for office use)

03. DISTRICT (In block letters)

04 INSTITUTION (Where Studying / Studied) _____ CODE

--	--	--	--

05	PROPOSED CENTRE.	
		CODE

06 Previous Reference Year

--	--	--	--

 PREVIOUS ROLL NO.

--	--	--	--	--	--

 EXAM

Annual	Supply
--------	--------

07. GENDER: MALE ☐ FEMALE ☐ Do you claim disability? (If yes attach disability certificate) YES ☐ NO ☐

08 CANDIDATE'S NAME
(In block letters)

09 FATHER'S NAME
(In block letters)

10 REGISTRATION NO.

11. RELIGION MUSLIM ☐ NON-MUSLIM ☐ 12. NATIONALITY PAKISTANI ☐ NON-PAKISTANI ☐

13 POSTAL ADDRESS	House No.		Village	
	Mohallah		P.O	
	Tehsil		District	

14 PERMANENT ADDRESS			
		Phone / Mobile No. (Compulsory)	

15. MEDIUM OF EXAMINATION: English ☐ Urdu ☐

16. (MUST BE FILLED)

Fee Deposited Rs. _____ Dated: _____

Receipt No. _____ Bank Code _____

ABL Branch Name. _____ --- OR ---

Post Office _____ M.O No. _____

Paste recent
Photograph

Attested on Back
Side

ایک عدد تصویر گوند سے یہاں چسپاں کریں

Stipple One
Photograph for
Scanning Purpose

Attested on Back Side

اک عدد تصور مثیل ما پیر پن سے مسلک کریں

17. SUBJECTS NAME:

I. English - I

II. Urdu (Comp) / Pakistani Culture-I

III. Islamiyat (Comp) / Civics for Non-Muslims-I

IV. _____

V. _____

VI. _____

18 I certified that _____ S/O , D/O _____ is of good moral character and has attended the prescribed course and practical. He / She has 75% attendance in each subject during the full academic session of 20__ is short of __% lectures (for regular candidates only) He / She is eligible to appear in the examination under the rules

Signature _____
Principal / Head of the Department / Commanding Officer.

Official Seal

					-								-	
--	--	--	--	--	---	--	--	--	--	--	--	--	---	--

CNIC of attesting Authority

FOR OFFICE USE ONLY

Diary No.		Dated:		Signature of Dealing Official	
ENTRIES & RESULT CHECKED	CHECKED & FOUND CORRECT	HE / SHE IS ELIGIBLE	ALLOWED	Remarks	
Dealing Clerk	Assistant Incharge	Superintendent (HSSC)	Asstt: Controller of Exams		