Fee BOARD OF INTERMEDIATE & SECONDARY EDUCATION SAIDU SHARIF, SWAT.

REFUND FEE FROM

Fee receipt No: _____Bank Branch:_____Dated: _____Amount_____

Name: _____Father Name:_____

Mailing Address_____

_____Phone/Mobile:_____

Fee Deposited for _____

Reason for Refund:_____

Signature of the candidate:_____

For Office use only:_____

CERTIFICATE BY THE SECTION

Certified that the fee has not been utilized in this section.

Section Remarks:_____

Section Head Signature:_____

ASSISTANT SECRETARY/ DEPUTY CONTROLLER

RECEIPT VERIFICATION BY ACCOUNTS SECTION:

Fee receipt No: _____Bank Branch:_____Dated:_____Amount_____

has been verified.

Deduction Rs. _____Net Amount Payable:_____

Dealing Clerk/ CO Supdt. (Accounts) ACCOUNTS OFFICER

Sanction Rs. _____Rupees:_____

SECRETARY
B.I.S.E. SAIDU SHARIF SWAT