

SERIAL NO.

8765

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



SSC 9TH CLASS

YEAR 20__ (ANNUAL/SUPPLY)

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

01. GROUP Science ☐ Arts ☐ STATE WHETHER Regular ☐ Private ☐ 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

BISE NAME

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. ENROLMENT NO. Date of Birth in Figures

11. Date of Birth (in words) Day Month Year

12. RELIGION MUSLIM ☐ NON-MUSLIM ☐ 13. NATIONALITY PAKISTANI ☐ NON-PAKISTANI ☐

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

15. PERMANENT ADDRESS Phone / Mobile No. (Compulsory)

16. MEDIUM OF EXAMINATION: English ☐ Urdu ☐

17. (MUST BE FILLED)

Fee Deposited Rs. Dated: ABL Branch Name Bank Code Receipt No. --- OR ---Post Office M.O No. Paste one
PhotographAttested on
Back Sideایک عدد تصویر گوند سے یہاں چسپا کریں
(بجہ پین اور سٹیکل پین کا استعمال ممنوع ہیں)Paste One
Photograph for
Scanning PurposeAttested on
Back Sideایک عدد تصویر گوند سے یہاں چسپا کریں
(بجہ پین اور سٹیکل پین کا استعمال ممنوع ہیں)

18. SUBJECTS NAME:

- I. English-I
 II. Urdu (Comp) / Pakistani Culture -I
 III. Islamiyat (Comp) / Civics for Non-Muslims -I
 IV. Pakistan Studies -I
 V. Riazzi (Maths's) -I
 VI. _____
 VII. _____
 VIII. _____

19. I certify 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

- - - - - - - - -

FOR OFFICE USE ONLY

CNIC of attesting Authority

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

