APPLICAT	ΓΙΟΝ F									SCHO	OL/C	OLL	EGE	
		SEC	CTION	-A: E	BASIC	CIN	FORM	IATIC	N					
BISE AFFILIA	BISE AFFILIATION NUMBER				PSRA REGISTRATION NUMBER									
1. Name of Institution														
2. Postal Address														
3. House Number		-	4. Village					5. Mohallah						
6. Street Number			7. F	Post off	ice			8. Pc	Code					
9. Landline Number 11. Email Address (COMPULSORY)					12. (Princi	umber			1				
13. Establishment Year		-	Any Fi Assis (WRITE YE)	If Yes	, then by	whom and amount also (attach details)							
14. Level of Institution	PRIM	PRIMARY MIDDLE				SC NCE	SSC ARTS		HSSC SCIENCE				MTG	
(Encircle the relevant)		DO)	'0		В	evels		E	Both Leve					
15. GENDER (WRITE YES OR NO)		BOY	<u> </u>	GIRLS					CO-EDUCATIO					
16. MEDIUM (WRITE YES OR NO)		ENGL	ISH		URDU						вотн			
17. DISTRICT	ABBOTTABAD BATTAGRAM		HAR	IPUR	PUR KOHIST		AN MANSEHF			RA TORGHAR				
(Encircle the relevant)	Α		В			Н				М			Т	
TEHSIL								e/Union uncil	1					
18. Building located in	Canto	nment	Garri	arrison Union Counc		ouncil	To	Town Committee			Urban/Rural			
Halqa Patwar					Co	Constituency			NA: PK:					
-	N-B: P	HVSC	ΙΛΙ Ε											
3		IN-D. P	ПІЗСІ	IAL I	ACIL	_1 1 1 I		TE YES/N	O WI	HERE APP	LICABLI	E)		
19. BUILDING STATUS	Ow	ned	Rented	Lease	the		Leased Month Lease	Arc	Area of Building No. of Classroom					
20. EXAMINATION HALL			SEATING CAPACITY		l l	21. PLAY GROUND		SIZI			E OF PLAY GROUND			
22. BOUNDARY WALL (8 Feet High & Razor Wiring Done)	Electricity Ga		Gas	3	Wate	r	Wash Ro	ooms S		Staff Room		Common Room		
Laboratory (ies)	Library Books		Dispensary		Cantee	en	Compu Facili			Transport		Internet		
	TAILS OF													
24. FURNITURE DETAILS	DESKS	CHAIRS	BENC	HES	ANY I		EL FACIL STITUTIO		THE	Ē	Е	NO. BOARE		

SE							EASU	IRES (V	VRITI	E YES	S/NO V	/HER	E AP	PLICA	BLE)			
	D	Drop Down Barrier at Main Gate Installed or Not						tal Numbe curity Gua					V Cameras Front, Rear, Left & Right Walls					
25. SECURITY 8	& <u> </u>		staned	. J. 140	, and the same of													
RELATED		Neare	et Police Station With					BHU with										
INFORMATION	I		elephone Number					Telephone Number			Hospital With Telephone Number							
								Trained										
SECT	ION-I	D: S	TUDE	NTS	8 8	STA	AFF [DETAIL	_S	(WRI	TE YE	S/NO	WHE	ERE AP	PLICA	BLE		
		GIF	RLS	ТОТ	AL		TO	TAI NUMI	BER OF			MA	LE	FEMALE		Т	OTAL	
NUMBER OF STUDENTS							. •	TEACHE	ERS									
Special Students if				DISAB	ABILITY Foreign Students if Any								С	ountry				
any																		
Facilities for spe	cial 1		<u>.</u>			2	2.					3.						
Number of Stude			Mal			II		·amala					т.	tol.				
Sessi	on		IVIai	е				emale					То	itai				
Number of Stude in Class 10 th f			Mal	е			F	emale					То	tal				
Sessi			PE	PE	l F	PM	PM		С	CS Art		s	Arts		Total To		Total	
Number of S Registered in Current S	1 st Year		(M)	(F)		M)	(F)	CS (M)		(F) (M		_		F) (M)			(F)	
Number of S																		
Registered in 2 Current S		for																
	Play		Dron/					DLMENT										
Age Group	Group	Nur	KG	1 st	2 nd	3 rd	4 th	5 th	6 th	7 th	8 th	9 ^t	:h	10 th	11	th	12 th	
Less Than 5																		
5-9																		
10-14																		
15-16																		
17-18																		
Greater Than																		
18																		
Total Girls																		
Total Boys																		
			DET	AIL O	F FO	UR I	NEARE	ST INST	ITU [.]	TIO	NS				م ا	vel		
S. No	Name of Institution						Distance Primary/Middle/ SSC/HSSC											
1.																		
2.																		
3.																		
4.																		
		DET	AIL OF	FEE	REC	EIPT	S FOR	AFFILIA	TIO	N P	URP	OSI	E					
S. No	Fee	S	ession	Rec	eipt l	No	Depos	sit Date			Nam	e ar	nd b	ranch	of B	ank		
1.																		
2.	_				_	_	_				_			_			_	

SECTION-F: STAFF DETAIL

STAFF STATEMENT (TEACHING AND NON TEACHING)

Note: Please attach additional sheets if required.

	. I rease attach additional six			Hig Qualif (Copy must	hest ication be attached)				
S#	Name	Father's Name	CNIC	ACADEMIC	PROFESSIONAL	Date of Appointment	Designation	Net Pay	Annual Increment (If any)
	_								

DECLARATION:

I/We hereby declare that information/particulars being provided in renewal form are correct and complete in all respects and that nothing has been concealed. I/we further undertake to inform BISE Abbottabad of any changes in the information provided in this form and or in the documents and abide by the rules and regulations being conveyed from time to time by concerned authorities.

Name of Principal:	
CNIC NO of Principal:	
Signature of Principal:	
Countersigned by:	
Name of Owner:	
CNIC NO of Owner:	
Signature of Owner:	
	Institution Stamp:
Dated:	