BOARD OF INTERMEDIATE AND SECONDARY EDUCATION MALAKAND.

REFUND PROFORMA

		REASON FOR REFUND
Name:		
F/Name:		
Address:	•	
Amount denocit Re	Receipt No	Dated / /
I request you to kindly refu	Receipt Nound my amount due to the above	mentioned reason.
	Signature of (Candidate
	Digitature of V	Jaranato
	(FOR OFFICE USE ONLY	Δ
Deduction	Amount Refundable	The amount of
Rs. m	ay kindly be sanctioned for pays	ment to candidate for the above
noted reason.		
Dealing Assistant	Superintendent	Controller of Exam:
ONL	Y FOR VERIFICATION OF I	RECEIPT
Deposited Rs.	(Rupees	noted / /
recorded entered at page h	No. of Bank / F	Post Office Register of B.I.S.E
Malakand. The Refund is s	subjected to observing of all other	er codal formalities.
Dealing Clerk	Dealing Assistant	Accounts Officer
Sanctioned Rs.		ioned Rs.
		and the second s