



BOARD OF INTERMEDIATE & SECONDARY EDUCATION SAIDU SHARIF SWAT

**REFUND OF FEE**

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.

ASSISTANT SECRETARY / ASSISTANT CONTROLLER

**RECEIPT VERIFICATION BY ACCOUNT SECTION**

Receipt No. \_\_\_\_\_ Dated: \_\_\_\_\_ Amount: \_\_\_\_\_ has been verified vide page

No. \_\_\_\_\_ Register No. (Bank/ Post Office) \_\_\_\_\_ of BISE Saidu Sharif Swat.

Deduction: (Rs) \_\_\_\_\_ Net Amount Payable: \_\_\_\_\_

Dealing Clerk

Supdt. (Accounts)

Accounts Officer

Sanctioned Rs. \_\_\_\_\_ (Rupees \_\_\_\_\_)

SECRETARY

B.I.S.E Saidu Sharif Swat