



BOARD OF INTERMEDIATE AND SECONDARY EDUCATION MALAKAND

(SCHOLARSHIP BILL)
SSC/INTER ANNUAL _____

Name of College/University _____

Claim Period _____ to _____

Scholarship already drawn upto _____

Installment _____

Tuition fee already drawn upto _____

S#	Year of Award	Name of Scholarship Holder	Rate of Scholarship	Rate of Tuition Fee	Annual Grant Fee	Total Amount	Board Authority Letter No.
1							
2							
3							
4							
5							
6							
7							
8							
9							
10							

Contact No. (Must) _____

CERTIFICATE:

1. Certified that the Scholarship holder(s) name in the bill has/have regular in attendance and has/have confirmed the rules, under which his/her/their scholarship(s) is/are tenable.
2. Certified that the scholarship(s) holder(s) drawn on the last bill with the exception of those refunded by deduction have been paid to the proper persons and their receipts taken on acquaintance roll kept in my office and will be returned to the Secretary BISE Malakand.
3. Certified that the Scholarship holders(s) at Serial No. _____ remained resident during the period for which the scholarship is/are claimed.
4. Certified that scholarship holder(s) is/are not in receipt of any other scholarship.

Scholarship Bill No. _____ dated ___/___/_____ in duplicate is submitted to the Secretary, BISE Malakand for payment please.

Signature & Seal of the Authority