



BOARD OF INTERMEDIATE & SECONDARY EDUCATION ABBOTTABAD

APPLICATION FORM FOR RENEWAL OF AFFILIATION OF SCHOOL/COLLEGE FOR THE SESSION _____

Institution Name _____

Address: _____

PSRA Reg No. _____ Establishment Year _____

Post Office _____ Tehsil _____ District _____

Cell No. Principal _____ Cell No. Owner _____

PTCL No. _____ Whats app NO. _____

Gender (Male / Female / Co-education): _____

Number of Class Rooms _____ Laboratory _____ (Y/N)

Examination Hall (Y/N), with estimated capacity _____

Class & Gender Wise Enrolment Of Students				
Gender	9 th	10 th	11 th	12 th
Male				
Female				
Total				

Detail of Fee (Affiliation Purpose)					
Sr No	Amount	Receipt No	Bank (ABL/NBP)	Branch Name	Date

Name of Principal															Signature
CNIC NO:						-									
Name of Owner															Signature
CNIC NO:						-									

Dated:- _____

Institution Stamp _____

اس فارم کیساتھ PSRA کا موجودہ رجسٹریشن لیٹر اور ریویو فیس کی اصل رسید لگا کر ایکٹیک سیکشن میں جمع کر دیں۔