



BOARD OF INTERMEDIATE & SECONDARY EDUCATION ABBOTTABAD

Murree Road Abbottabad Phone No. 0992-391050, 0992-392014-222 Fax No. 0992-392012 Visit: www.biseatd.edu.pk

NATIONAL TALENT SCHOLARSHIP BILL (HSSC LEVEL)

Name of Student: _____ Father Name: _____

Name of College where currently studying: _____

Class: _____ Passing Year: _____ Position: _____

Claim Period: _____ to _____ Claim No. _____

Postal Address: _____ CONTACT NO. _____

RATE OF SCHOLARSHIP

S. NO	PARTICULARS	RATE FOR BOARDERS	RATE FOR DAY SCHOLARS	TOTAL AMOUNT (12 X RATE PER MONTH)
1.	RATE OF SCHOLARSHIP (PER MONTH)	Rs. 3000/-	Rs. 2000/-	
2.	TUITION FEE (PER MONTH)	Rs. 500/-	Rs. 500/-	
3.	ANNUAL GRANT FOR BOOKS (FIXED PER ANNUM)	Rs. 3500/-	Rs. 3500/-	
4.	TOTAL AMOUNT			

DECLARATION BY SCHOLARSHIP HOLDER

It is solemnly declared that, I Mr/Ms. _____ S/D/O _____ is a regular student of Class _____ studying in above mentioned institution and is not availing any Scholarship/Stipend/Financial Assistance from College/University or other Department.

Dated: _____

Signature of Student

CERTIFICATE BY INSTITUTION WHERE FURTHER ADMISSION TAKEN

It is to certify that Mr/Ms. _____ is a regular student of this Institution and has not been receiving any other Scholarship/Financial Aid. He / She is a DAY SCHOLAR OR BOARDER student (Tick ✓ Please).

SIGNATURE PRINCIPAL

OFFICIAL STAMP

Office use only

Dealing Assistant

Assistant Secretary

Secretary

FOR USE IN BOARD OFFICE BY AUDIT AND ACCOUNTS OFFICER

AUDIT SECTION

ACCOUNTS SECTION

Received by & on: _____

Received by & on: _____

Bill presented for amount: _____

Cheque No. _____

Bill passed for amount: _____

Cheque dated: _____