Filer	Ves	No
Tilei	res	IVO

Attach Active Tax Payer Certificate

## Code NO. \_\_\_\_\_

## FEDERAL BOARD OF INTERMEDIATE AND SECONDARY EDUCATION, ISLAMABAD.

Name	Designation	
B.A/C.No.	Bank Name/Branch Code	
CNIC	NTN No.	
	NIN NO.	
Postal Address		
	Subject	
The examination held on	year	
. Assessment of	Answer paper @ per answer book.	
	ofCopies eachExaminers.	
Total Copies @ _		
	r for examiners @ Rs per Examiner	
Amount claimed for dispatch of	answer book etc. as per receipts attached.	
Conveyance Allowance @ Rs for days.		
5.		
7.		
The Property of the Park	Total amount claimed	17 - 7
	DEDUCTION	
	nission of assignment bydays.	· ·
i. @ Rs. 10/- per mistake for com	mitting mistakes in totaling.	
ii.		
n	Net amount claimed	
Rupees (in words)		
AUDITED & PASSED FOR		
RsPaisas Rupees	Signature (	n revenue stam
	Mobile No.	
Audit Officer		
	ORDER Voucher No	
Pay Rs (in wo	ords) Rupees	
(III WC	CHAN COMPANY	
	Controller of Examinati	ons / Chairma

Note: (1) All entries in this form must be filed in by the person preparing the bill. Bills in which any entry is left blank will not b entertained.

(2) Examiners are requested not to include in this bill, the fees payable to the Assistants and servants at the Practical Examination. Claims for such fees should be made on separate bill to be prepared by the Assistant or the servant and countersigned by the Examiner concerned.