



# BOARD OF INTERMEDIATE & SECONDARY EDUCATION ABBOTTABAD

## APPLICATION FOR LOCAL MIGRATION (School to School/College)

(Please  tick the relevant boxes)

SSC <input type="checkbox"/>	H.S.S.C <input type="checkbox"/>	Fee for all categories	Rs.2000/-
First Time <input type="checkbox"/>	Duplicate <input type="checkbox"/>	Revised <input type="checkbox"/>	
<p>درخواست فارم پر کر کے اپنے آخری امتحان کی ڈی - ایم - سی کی فوٹو کاپی اور اپنا یا اپنے سگے بھائی یا والد کے قومی شناختی کارڈ کی کاپی منسلک کریں اور مجوزہ فیس ہزارہ ٹویزن کے کسی بھی الائینڈ بندک میں جمع کروا کر اصل رسید درخواست فارم کیساتھ منسلک کریں۔</p> <p>میٹرک و انٹر سالانہ امتحانات کے داخلہ فارم نارمل فیس کیساتھ جمع کرنے کی آخری تاریخ سے لے کر نتیجہ آئے تک لوکل مائیگریشن پر پابندی ہوگی۔</p>			

Roll Number: \_\_\_\_\_ Year: \_\_\_\_\_ Annual-I  Annual-II

Name: \_\_\_\_\_ نام

Father's Name: \_\_\_\_\_ ولدیت

Name of present institution: \_\_\_\_\_

Name of institution where to migrate: \_\_\_\_\_

Enrolment / Registration Number: \_\_\_\_\_ Marks Obtained: \_\_\_\_\_

Reason of Migration: \_\_\_\_\_

Address (as per C.N.I.C): \_\_\_\_\_

Date of Birth: \_\_\_\_\_ CNIC Number: \_\_\_\_\_

Amount: \_\_\_\_\_ Receipt No: \_\_\_\_\_ ABL/NBP Branch: \_\_\_\_\_ Date: \_\_\_\_\_

Mobile Number: \_\_\_\_\_ Signature of Father/Guardian: \_\_\_\_\_

<b>1-Remarks:</b> Certified that the statements given by the student above are correct, and all the necessary requirements have been fulfilled.	<b>2-Remarks:</b> I have no objection to this Migration and I will Admit the said student to the relevant class if the migration is sanctioned.
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### MIGRATING FROM

Principal Name: \_\_\_\_\_

PTCL No: \_\_\_\_\_ Cell No: \_\_\_\_\_

Signature \_\_\_\_\_ Seal \_\_\_\_\_

### MIGRATING TO

Principal Name: \_\_\_\_\_

PTCL No: \_\_\_\_\_ Cell No: \_\_\_\_\_

Signature \_\_\_\_\_ Seal \_\_\_\_\_



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## RECEIPT for Local Migration Certificate

S.S.C <input type="checkbox"/>	H.S.S.C <input type="checkbox"/>	First Time <input type="checkbox"/>	Duplicate <input type="checkbox"/>	Revised <input type="checkbox"/>	Window No: 1
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Roll No: \_\_\_\_\_ Year: \_\_\_\_\_ Annual - I  Annual - II

Name: \_\_\_\_\_ Father's Name: \_\_\_\_\_

Application Submission date: \_\_\_\_\_ / \_\_\_\_\_ / 202\_\_\_\_\_ Issuance Date: \_\_\_\_\_ / \_\_\_\_\_ / 202\_\_\_\_\_

Signature of Dealing Assistant:

(کسی بھی فنی یا تکنیکی پیچیدگی کے باعث اجراء میں تاخیر ممکن ہے)

Migration: 0992-392727, 392014 (Ext: 212) [www.biseatd.edu.pk](http://www.biseatd.edu.pk) Facebook: BISE, ABBOTTABAD (F.A.Q's)

